FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 | |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-------|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | |
| hours per response | : 0.5 | | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* Gayle Helene D | | | | | 2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL] | | | | | | | | | k all app Direc | etor | | 10% Owner | | | |
|---|--|-----------------------|---|--------------------------|--|---|------------------|---|-----------------|--|--------------------|------------------|---|--|---|-------------------------------|---|---------|------------|--|
| (Last) C/O COI | (Fii LGATE-PA | st) (M LMOLIVE COM | Middle) MPANY | 7 | | 3. Date of Earliest Transaction (Month/Day/Year) 10/01/2020 | | | | | | | | below | er (give title /) | | Other (s | specify | | |
| 300 PARK AVENUE | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) NEW YO | ORK NY | ? 1 | 0022 | | | | | | | | | | | 1 ′ | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (Z | Zip) | | | | | | | | | | | | | | | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | s Acq | uired, | Dis | posed of | , or B | ene | ficiall | / Own | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | Execut y/Year) if any | | Deemed cution Date, ny nth/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securitie Disposed C | | es Acquired (A) Of (D) (Instr. 3, | | A) or , 4 and | 5. Amo Securit Benefic Owned Report | ies cially Following | Form: | Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | | v | Amount | (A) c (D) | r P | rice | Transa | action(s) 3 and 4) | | | (Instr. 4) | |
| Common Stock 10/01 | | | | | 2020 | | A ⁽¹⁾ | | 228 | A | \$ | 76.68 | .68 20,461 | | | D | | | | |
| Common Stock | | | | | | | | | | | | | | | 19 | 9,478 | | I | By Trust | |
| | | Tal | | | | | | | | | osed of, convertib | | | | Owne | d | | | | |
| 1. Title of Derivative Security (Instr. 3) | Derivative Conversion Date Execution Date, Gecurity or Exercise (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | of Deriv Secu Acqu (A) o Disp of (D | osed)) :r. 3, 4 | Expiration Da | | ite | 7. Title and Amount of Securities Underlying Derivative Security (Ins 3 and 4) | | De Se (In | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Ownershi Form: y Direct (D) or Indirec (I) (Instr. 4 | | Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code V | | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amor or Numl of Share | ber | | | | | | |

Explanation of Responses:

1. Portion of annual cash retainer deferred to a stock unit account pursuant to the Deferred Compensation Plan for Non-Employee Directors.

/s/ Kristine Hutchinson, 10/05/2020 Attorney-in-Fact

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.