## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL							
OMB Number:	3235-0287							
Estimated average burden								
houre por rosponso.	0.5							

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*     Kooyman John W					2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [ CL ]								Check	all applic	able)	Person(s) to Issu 10% Ow Other (s		ner		
(Last) (First) (Middle) C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE				08	3. Date of Earliest Transaction (Month/Day/Year) 08/12/2019									Chief Marketing Officer						
(Street)  NEW Y(			10022 (Zip)		_   4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								i. Indivi	ividual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Y				tion	2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			5. Amor Securiti Benefic Owned		nt of es ally Following	Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D) Price		Reporte Transac (Instr. 3		tion(s)			Instr. 4)	
Common Stock 08/12/20				2019	19			M <sup>(1)</sup>		10,000	A	\$64	64		,681	D				
Common Stock 08/12/20			2019	19			<b>S</b> <sup>(2)</sup>		10,714	D	\$71.01	47 <sup>(3)</sup>	6,	967	D					
Common Stock													9,456		I	]   2   1	By Sssuer's 401(k) Plan Trustee			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of		6. Dat		cisable and late	7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		nt 8. De	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4		11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amour or Numbe of Shares	er						
Stock Option (Right to	\$64	08/12/2019			M <sup>(1)</sup>			10,000	(	4)	09/10/2020	Commo	n 10,00	00   \$	0.0000	9,720		D		

## **Explanation of Responses:**

- 1. Exercise of stock options awarded under the issuer's incentive compensation plan.
- 2. Sale of shares with a portion of the proceeds delivered to the issuer for payment of the exercise price of options under the issuer's incentive compensation plan and the related tax withholding.
- 3. Weighted average price, as these shares were sold in multiple transactions at prices ranging from \$70.89 to \$71.18, inclusive. The reporting person undertakes to provide to the issuer, any security holder of the issuer, or the staff of the Securities and Exchange Commission, upon request, additional information regarding the number of shares sold at each separate price within the range set forth in this footnote.
- 4. Option became exercisable in one-third increments beginning on the first anniversary of the September 10, 2014 grant date.

/s/ Kristine Hutchinson, Attorney-in-Fact

08/14/2019

\*\* Signature of Reporting Person

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.