FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 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

1. Name and Address of Reporting Person* THOMPSON DELIA H					<u>C(</u>	2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL]									k all appli Directo	or 10% C (give title Other		10% Ov Other (s	Owner (specify
(Last) (First) (Middle) C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 09/01/2006									VP, Investor Relations					
(Street) NEW YO			10022		4. I	f Ame	endmer	nt, Date	of Origina	Filed	(Month/D	ay/Year)		6. Indiv _ine) X	X Form filed by One Reporting Person Form filed by More than One Reporting				n
(City)	(S	tate) ((Zip)												Persor	1			
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
Di			Date	2. Transaction Date (Month/Day/Year)			2A. Deemed Execution Date, if any (Month/Day/Year)			4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			4 and Securiti Benefic Owned		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount (A) or (D)		r Price	е	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common	Common Stock 09/01/2			/2006	2006			M ⁽¹⁾		4,085	5 A	\$58	8.83	31,426		D			
Common Stock		09/01/2006		5			F ⁽²⁾		32	32 D S		0.35	31,394		D				
Common	Common Stock		09/01	09/01/2006				F ⁽³⁾		3,983	3 D	\$60	0.35	27,411 ⁽⁴⁾		D			
Common	Stock												112		I		By Spouse		
Common Stock														1,429		I		By Issuer's 401(k) Plan Trustee	
		Т	able II -	Deriva (e.g., p	tive s	Secu calls	uritie s, wa	s Acq rrants	uired, [s, optio	Dispo	osed of onverti	, or Ben ble sec	eficia urities	lly O	wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	e (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	Date,		ransaction Code (Instr.		n of I		6. Date Exercisa Expiration Date (Month/Day/Yea		7. Title an Amount of Securities Underlyir Derivative (Instr. 3 a	of S Ig e Securit	Di Si (li	Price of erivative ecurity istr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owner Form: Direct or Indi (I) (Ins	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		xpiration ate	Title	Amour or Number of Shares	er					
Stock Option (Right to Buy)	\$58.83	09/01/2006			M ⁽¹⁾			4,085	04/23/200	02 0	9/05/2006	Common Stock	4,08	5	\$0	0		D	

Explanation of Responses:

- 1. Exercise of stock options awarded under the issuer's employee stock option plan.
- 2. Payment of tax liability by delivering or withholding shares of stock incident to the exercise of the option under the issuer's employee stock option plan.
- 3. Payment of exercise price of stock option by delivering or withholding shares of stock incident to the exercise of the option under the issuer's employee stock option plan.
- 4. As a result of the reported transactions, the reporting person's Common Stock ownership has increased by 70 shares.

Remarks:

Nina D. Gillman by power of attorney

09/06/2006

** 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.