FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB APPROVAL

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## 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

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

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1. Name and Address of Reporting Person* <u>Verduin Patricia</u>							2. Issuer Name and Ticker or Trading Symbol  COLGATE PALMOLIVE CO [ CL ]									Check a	l app Direc	olicable) ctor	p Person(s) to Isso 10% Ow Other (s		wner
(Last) (First) (Middle) C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE							3. Date of Earliest Transaction (Month/Day/Year) 12/07/2017										X Officer (give title below) Office  Chief Technology Office				
(Street) NEW YORK NY 10022						4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									ine) X	′				
(City)		(State)		Zip) <b>— Nor</b>	n-Deriv	ative	Se	curiti	es Ac	auired	Dis	nosed o	of or	Ren	efici	ally O	wne	-d			
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					action	ar)	2A. Dee Executi if any	A. Deemed xecution Date,		3. Transaction		4. Securities Acquired (A) Disposed Of (D) (Instr. 3,			or 5. Amo 4 and Securi Benef		ount of ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										Code	v	Amount		(A) or (D)	Price	,  ті	Transaction(s) (Instr. 3 and 4)				(11341.4)
Common Stock 12/07/						7/2017	2017			F <sup>(1)</sup>		272		D	\$7	3.2	49,143		D		
Common Stock																	:	7,394	I		By Issuer's 401(k) Plan Trustee
			Та	ble II - C								sed of, onvertib					ed				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security  3. Transaction Date (Month/Day/Year)  (Month/Day/Year)  3A. Deem Execution if any (Month/Day/Year)		Date, Transaction Code (Inst		(Instr.	or of of or.  or. of of or.  or. of of or.  Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expirati (Month/	6. Date Exerciss Expiration Date (Month/Day/Yea		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amoun or Numbe of Title Shares		ount	8. Price Derivat Securit (Instr. !	ive y	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form Direct or Inc (I) (In	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

## Explanation of Responses:

1. Payment of Medicare and income tax liability by withholding shares of stock from restricted stock units previously granted under the issuer's incentive compensation plan. The reporting person continues to hold the restricted stock units originally granted, less the amount of this required tax withholding.

/s/ Kristine Hutchinson, Attorney-in-Fact

12/11/2017

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.