1. Name and Address of Reporting Person:
   Tsourapas Panagiotis
   (Last) (First) (Middle)
   C/O COLGATE-PALMOLIVE COMPANY
   300 PARK AVENUE
   NEW YORK NY 10022

2. Issuer Name and Ticker or Trading Symbol:
   COLGATE PALMOLIVE CO [ CL ]

3. Date of Earliest Transaction (Month/Day/Year):
   09/09/2022

4. If Amendment, Date of Original Filed (Month/Day/Year):

5. Relationship of Reporting Person(s) to Issuer:
   X Officer (give title below)
   Grp Pres, Eur & Developing Mkts

6. Individual or Joint/Group Filing (Check Applicable Line):
   X Form filed by One Reporting Person
   Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

<table>
<thead>
<tr>
<th>Code</th>
<th>V</th>
<th>Amount (A) or (D)</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1. Title of Security (Instr. 3)</th>
<th>2. Transaction Date (Month/Day/Year)</th>
<th>2A. Deemed Execution Date, if any (Month/Day/Year)</th>
<th>3. Transaction Code (Instr. 8)</th>
<th>4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)</th>
<th>5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stock Option (Right to Buy)</td>
<td>$78.03</td>
<td>09/09/2022</td>
<td>A(1)</td>
<td>62,543</td>
<td>62,543</td>
</tr>
</tbody>
</table>

Code | V | Amount (A) or (D) | Price |
-----|---|-------------------|-------|
     |   |                    |       |

Explanation of Responses:
1. Stock option award granted under the issuer's incentive compensation plan.
2. Option becomes exercisable in equal annual installments over three years beginning on the first anniversary of the September 9, 2022 grant date.

/s/ Kristine Hutchinson
Attorney-in-Fact 09/13/2022

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).**


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.