FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL				
	OMB Number:	3235-0287				
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	Check this box if no longer subject to
٦	Section 16. Form 4 or Form 5 obligations may continue. See
J	obligations may continue. See
	Instruction 1(h)

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							2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL]									I app Direc	licable)	g Person(s) to Issuer 10% Owner Other (specifications) tor Relations		wner
(Last) (First) (Middle) C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 12/04/2014										belov	v) ``			
(Street) NEW YORK NY 10022					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										ual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(3)		zip) e I - Nor	n-Deriva	ative	Se	curitie	es Acc	auired.	Disi	posed o	f. oı	Ben	efici	ally O	wne	ed			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						tion 2A. Deemed Execution Dat			3. Transa Code (ction	4. Securi		cquired	I (A) o	or 5. Am 4 and Secur Bene		ount of ties cially d 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	, т	ransa	action(s) 3 and 4)			(IIISU. 4)
Common Stock 12/04/2						2014			F ⁽¹⁾		166		D	\$69	9.45	145,792]	D	
Common Stock																2	0,218		I	By Issuer's 401(k) Plan Trustee
		Та	ıble II - I								sed of, onvertib					ned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any		4. Transaction Code (Instr. 8)		of Derive Security (A) of Dispersion of (D	r osed) r. 3, 4	6. Date E Expiratio (Month/D	n Date	Amo Sec Und Deri Sec		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price Derivat Securit (Instr. §	ative derity Se St. 5) Be St. Fc	9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	Ow For Dire or I (I) (Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nu of	mber						

Explanation of Responses:

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

/s/ Nina Huffman, Attorney-in-12/08/2014 **Fact**

** 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.