Instruction 1(b).

FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
Section 16. Form 4 or Form 5	
obligations may continue. See	

l	OMB APPROVAL										
l	OMB Number:	3235-0287									
l	Estimated average burden										
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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*  GARCIA FABIAN T						2. Issuer Name and Ticker or Trading Symbol  COLGATE PALMOLIVE CO [ CL ]									all app Dired	olicable)	g Person(s) to Is	
	(Fi GATE-PAI K AVENUI	LMOLIVE COM	Middle)		03/	3. Date of Earliest Transaction (Month/Day/Year) 03/03/2008							X	Exe	w) C VP Pres.	below) es. Lat. Am. & G.S.		
(Street) NEW YORK NY 10022 (City) (State) (Zip)				,   4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Form filed by One Reporting Person  Form filed by More than One Reporting Person				
	•			on-Deriv	ative	Sec	uritie	s Ac	guired	d, Dis	sposed o	f, or B	enefic	cially	Owne	ed		
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day				tion	ion 2A. Deemed Execution Date,			3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a				5. Am Secur Benef Owne	ount of ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	!		ted action(s) 3 and 4)		(Instr. 4)
Common Stock 03/03					2008				F <sup>(1)</sup>		1,111	D	\$7	6.84	5	3,236	D	
Common Stock 03/04				03/04/2	2008				S <sup>(2)</sup>		329	D	\$76	.4878	5	52,907	D	
Common Stock															361	I	By Issuer'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 2. 3. Transaction Date Execution Date, or Exercise (Month/Day/Year)			4. Transaction Code (Instr. B)				6. Date Exercis Expiration Date (Month/Day/Yes		ite	7. Title and Amount of Securities Underlying Derivative Security (Instr. : and 4)		Deri Seci (Inst		ve derivative Securities	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number of Shares					

## **Explanation of Responses:**

- 1. Payment of tax liability by withholding shares of stock from award of restricted shares vesting under the issuer's stockholder-approved Executive Incentive Compensation Plan. The overall net effect of the vesting of restricted shares, after the withholding and sale of shares to pay income taxes associated with such vesting reported on this Form, was to increase Mr. Garcia's non-restricted holdings (i.e., common shares held outright) of Colgate stock.
- 2. Sale of shares (with proceeds delivered to the Company) for payment of tax liability above minimum required statutory withholding (but not in excess of full applicable statutory tax rates) resulting from vesting of award of restricted shares under the Company's stockholder-approved Executive Incentive Compensation Plan. The overall net effect of the vesting of restricted shares, after the withholding and sale of shares to pay income taxes associated with such vesting reported on this Form, was to increase Mr. Garcia's non-restricted holdings (i.e., shares held outright) of Colgate common stock.

## Remarks:

Nina D. Gillman by power of attorney

03/05/2008

\*\* 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.