Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	<b>OWNERSHIP</b>

**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* <u>HICKEY DENNIS J</u>				2. Issuer Name and Ticker or Trading Symbol  COLGATE PALMOLIVE CO [ CL ]								theck all app Dire	ctor	ng Perso	10% Ow	s) to Issuer  10% Owner Other (specify		
(Last) (First) (Middle) C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 02/16/2010								X Officer (give title Other (sp below)  VP, Corporate Controller					
(Street) NEW Y	ORK N	Y	10022		_   4.1	f Ame	endme	nt, Date c	of Origina	l Filed	d (Month/Da	ay/Year)		ne) X Forn	r Joint/Group n filed by On n filed by Mo	e Repor	rting Person	.
(City)	(S	tate)	(Zip)															
		Tab	le I - No	n-Deri	vativ	e Se	curit	ties Ac	quired,	, Dis	sposed o	f, or Be	neficia	lly Owne	ed			
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		Execution Date,		Transaction Dis			Securities Acquired (A) or sposed Of (D) (Instr. 3, 4 and		d 5) Secur Benef Owner	cially I Following	Form:	Direct C Indirect E str. 4)	7. Nature of Indirect Beneficial Ownership			
							Code	v	Amount	(A) or (D)	Price	Trans	Reported Transaction(s) (Instr. 3 and 4)		(	(Instr. 4)		
Common Stock		02/16	2/16/2010				S		7,000	D	\$80.	37 1	02,272	,272 D				
Common	Common Stock 02/2		02/16	6/2010	/2010					7,962	A	\$58	.7 1	10,234	234 D			
Common Stock		02/16	2/16/2010		)		M <sup>(1)</sup>		27,500	) A	\$54	.4 1	37,734	D				
Common Stock		02/16/2010		)			<b>F</b> <sup>(2)</sup>		28,549	) D	\$80.	62 1	09,185	D				
Common	Stock			02/17	7/2010	)			S <sup>(3)</sup>		1,111	D	\$80.7	759 1	08,074		D	
Common Stock													3,748	748		By ssuer's 401(k) Plan Trustee		
		-	Гable II -								osed of,			y Owned				
1. Title of Derivative Security (Instr. 3)	Title of 2. 3. Transaction 3A. Deemed Execution Date curity or Exercise (Month/Day/Year) if any		ed Date,	4. Transa	4. Transaction Code (Instr.		5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivativ Security		e s ally g	10. 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	Amount or Number of Shares	1				
Stock Oprion (Right to Buy)	\$58.7	02/16/2010			M <sup>(1)</sup>			7,962	05/05/20	002	09/14/2010	Common Stock	7,962	\$0	0		D	
Stock Option (Right to Buy)	\$54.4	02/16/2010			M <sup>(1)</sup>			27,500	09/09/20	007	09/09/2010	Common Stock	27,500	\$0	0		D	

## **Explanation of Responses:**

- 1. Exercise of stock options awarded under the issuer's employee stock option plan.
- 2. The exercise price of the options and related withholding requirement was satisfied by the Company's withholding shares otherwise deliverable upon exercise of the options.
- 3. 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) incident to the exercise of the option under the issuer's employee stock option plan.

## Remarks:

Nina D. Gillman by power of <u>attorney</u>

02/18/2010

\*\* 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.