FORM 5

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

OWNERSHIP

Washington,	D.C.	20549

Washington, D.C. 20549	
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OMB APPROVAL									
OMB Number:	3235-0362								

Estimated average burden hours per response: 1.0

Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

Form 3 Holdings Reported.

Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/D		of Derive Secur Acque (A) or Disposof (D)	vative (Month/Day/Year) Sec Unities uired or loosed D) tr. 3, 4				Amou Secui Unde Deriv	int of rities rlying ative rity (Instr. 3	Derivative Security (Instr. 5)		derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	s Ily	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	p of Indirect Beneficial Ownershi t (Instr. 4)				
1. Title of	2.	-	3. Transaction	able II - Derivat (e.g., p	uts, calls,		ants,	opti	ons, o	converti		curities	s)	Price of	9. Numbe	r of	10.	11. Nature	
Common Stock			ivo Soour	ition	A 0.01	iirad	Dian	acad of	or Pe	noficio	lly C		,899		I	By Issuer's 401(k) Plan Trustee			
Common	Stock	tock 11/21/2011		G			176		\$0	45,650		,650	D D						
Common	Stock		08/22/2011 G 59		59	D	\$0		45,826										
Common	Stock			06/27/2011			C	3		23	D	\$0	45,885		i,885 Γ		D		
Common Stock 03		03/24/2011			G			59	D	\$0		45	45,908		D				
		(,	(Month/Day/Year)		8)		Amount		(A) or (D)	Price		Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)		(D) or Indirect (I) (Instr. 4)		Ownership (Instr. 4)			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)		2A. Deemed 3. Execution Date, if any Code (Inst		action									ership n: Direct	7. Nature of Indirect Beneficial					
(City)		(Stat	•	(Zip)	rative Sec	uritio	s A c	quire	ad Die	enosed (of or	Ronofic		Owne	.d				
NEW YORK NY 10022				-								X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(Street)				4. If Amen	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)							
300 PARI			WIOLIVE CO.	VIFANI															
(Last)	CATE	(First	t) MOLIVE CO	(Middle)	3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2011							Year)	X	X Officer (give title below) Other (specify below) Sr.V.P.Office of the Chairman					
1. Name and Address of Reporting Person* <u>HUSTON JOHN J</u>			2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL]						Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner										
T. Name an					[Z. 133UCI I	iaiiic a	uiu iic	Kei oi	Hauillu	Syllibul			o. Re	iauonsiii	o of Repon	ung Pe	erson(s) ic	issuei	

Explanation of Responses:

Remarks:

Joyce McCarthy by power of <u>attorney</u>

02/14/2012

** 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.