## FORM 5

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	
		_00.0	

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL
OWNERSHIP

OMB APPR	OVAL						
OMB Number:	3235-0362						
Estimated average burden							
hours per response:	1.0						

Form 3 Holdings Reported.

Instruction 1(b)

Form 4 Transactions Repor	rted.	File	d pursuant to or Sectior					ities Excha ompany Ac									
1. Name and Address of Repo		2. Issuer Name <b>and</b> Ticker or Trading Symbol  COLGATE PALMOLIVE CO [ CL ]						S. Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner									
(Last) (First) C/O COLGATE-PALMO 300 PARK AVENUE		3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2004						Year)	X Officer (give title below)  Chairman and CEO								
(Street) NEW YORK NY (City) (State)	4. If Amen	Lin						Line)	Individual or Joint/Group Filing (Check Applicable ne)  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																	
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yea			2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)			or Dispose	5. Amount of Securities Beneficially Owned at end of		es ally	6. Ownership Form: Direct (D) or		7. Nature of Indirect Beneficial Ownership	
			```			Amoui	nt	(A) or (D) Price			Issuer's Fiscal Year (Instr. 3 an 4)		Indir (Inst	ect (I) r. 4)			
Common Stock 12/2		12/21/2004			G		20	,000	D	(1)		5,968,842			D		
Common Stock											126,761				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)																	
Derivative   Conversion   Dat	Transaction te onth/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Nu of Deriv Secu Acqu (A) o Disp of (D (Instr and !	expiration (Month/ ities ired rosed (Month/ ities ired rosed (Month/ ities (Month/ iti		te Exercisable and ration Date th/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amoun or Numbe of Title Shares		nt er		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	lly	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)	

Explanation of Responses:

1. Bona fide gift

Remarks:

<u>Andrew D. Hendry by power of attorney</u>

02/10/2005

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.