FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
notruction 1(h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* THOMPSON DELIA H						2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL]								(Check all appl Direct		olicable) ctor	g Person(s) to Is 10% C	Owner
(Last) (First) (Middle) C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 03/02/2009								X Officer (give title Other (specify below) VP, Investor Relations					
(Street) NEW YORK NY 10022					_ 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv Line) X	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(St		Zip)		<u> </u>													
Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da		ction	tion 2A. Dec Execut y/Year) if any		Deemed ecution Date,		ction	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			5. Amount of		ount of ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	(A) oi (D)	Price		Trans	action(s) 3 and 4)		(iiisti. 4)
Common Stock			03/02/			F ⁽¹⁾		1,417	D	\$5	558.14		8,555	D				
Common Stock 03/			03/03/	03/03/2009				S ⁽²⁾		451	D	\$57	7.6254		8,104	D		
Common Stock															112	I	By Spouse	
Common Stock														1,907		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)																		
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any			4. Transa Code (8)		5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instr	rative rities ired r osed)	6. Date Expirat (Month	ion Da		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price of Derivative Security (Instr. 5)			Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	code V (A)		(D)	Date Exercisable		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 Ms. Thompson'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 Ms. Thompson's non-restricted holdings (i.e., shares held outright) of Colgate common stock.

Remarks:

Nina D. Gillman by power of attorney ** Signature of Reporting Person

03/04/2009

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.