FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	S IN BENEFICIAL	OWNERSHIP

l	OMB APPRO	VAL
l	OMB Number:	3235-0287
l	Estimated average burde	en
l	hours per response:	0.5

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

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* HENDRY ANDREW D				2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner V Officer (give title Other (specify						
(Last) (First) (Middle) C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE				06/0	3. Date of Earliest Transaction (Month/Day/Year) 06/05/2012									X Officer (give title Officer (specify below) Chief Legal Officer &Secretary				
(Street) NEW YO	ORK N	Y	10022		_ 4. If _	Amen	dmen	t, Date of	Original	Filed	(Month/Da	y/Year)		ne) X Fori	or Joint/Grou m filed by On m filed by Mo son	e Repo	rting Perso	n
(City)	(Si	tate)	(Zip)															
		Tab	le I - No	n-Deri	vative	Sec	uriti	es Acq	uired,	Disp	osed o	f, or Be	neficia	ally Own	ed			
Dat		Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			nd Secur Bene Owne	icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price		action(s) 3 and 4)			(Instr. 4)	
Common	Stock			06/05	06/05/2012		2		M ⁽¹⁾⁽³⁾		2,000) A \$68		.15 1	122,255		D	
Common Stock		06/05	06/05/2012				S ⁽²⁾⁽³⁾		2,000	000 D \$.81 1	120,255		D			
Common Stock		06/05	5/2012				S ⁽³⁾		1,000	0 D \$9		.81 1	119,255		D			
Common Stock														3,761		I :	By Son ⁽⁴⁾	
Common Stock														744			By Spouse ⁽⁴⁾	
Common Stock														1,276		I	By Issuer's 401(k) Plan Trustee	
		-	Гаble II -								sed of, onvertib			y Owne	i			
1. Title of Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) Transaction Code (Instr. 8) Security Security Code (Instr. 8) Security Security		of Deri Seci Acq (A) (Disp of (E	erivative courities cquired) or sposed (D) str. 3, 4			Amount of		of S Ig e Security	8. Price Derivating Security (Instr. 5)	∕e derivativ	e sally g	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)				
					Code	v	(A)		Date Exercisab		expiration Pate	Title	Amour or Number of Shares	er				
Stock Option (Right to Buy)	\$68.15	06/05/2012			M ⁽¹⁾⁽³⁾			2,000	09/12/201	.0 0	9/12/2013	Common Stock	2,000	\$0	48,00	00	D	

- 1. Exercise of stock options awarded under the issuer's employee stock option plan.
- 2. Sale of shares with a portion of the proceeds delivered to the issuer for payment of the exercise price of options under the issuer's employee stock option plan and the related tax withholding.
- 3. This transaction was effected pursuant to a Rule 10b5-1 trading plan.
- 4. The reporting person disclaims beneficial ownership of these securities, and this report shall not be deemed an admission that the reporting person is the beneficial owner of such securities for purposes of Section 16 or for any other purpose.

Remarks:

Joyce McCarthy by power of

06/07/2012

<u>attorney</u>

** 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.