FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL
	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

					01 00	COLIC	311 30(11)	00	IVCSIIIC	111 001	ilpaily Act	01 13	,								
1. Name and Address of Reporting Person*  HENDRY ANDREW D							2. Issuer Name <b>and</b> Ticker or Trading Symbol  COLGATE PALMOLIVE CO [ CL ]									all app Direc	ionship of Reporting Person(s) to Issu all applicable) Director 10% Own				
	(Fi JGATE-PAI K AVENUI	LMOLIVE COM	Middle)  IPANY		3. Date of Earliest Transaction (Month/ 11/29/2012						Day/Year)				X	Officer (give title below) Chief Legal Officer &		belov	·		
(Street) NEW YORK NY 10022 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Indi Line) X	dividual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
		Tab	e I - No	n-Deriva	ative :	Se	curitie	s Acc	uired.	Dis	posed o	f. o	r Ber	nefic	ially	Owne	 ed				
1. Title of Security (Instr. 3)				2. Transaction Date (Month/Day/Year)		2. E	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				or 5. A l and 5) Sec Ber		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) or (D)	Pric	e	Transa	action(s) 3 and 4)		()		
Common	Stock			11/29/	9/2012				F <sup>(1)</sup>		130	D \$1		\$1	08.01	1 108,529		D			
Common Stock																	1,382	I	By Issuer's 401(k) Plan Trustee		
Common Stock																	3,761	I	By Son		
Common	Stock																767	67 I By Spouse			
		Та									sed of, onvertib					wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any		4. Transactio Code (Inst 8)		on of		6. Date E Expiration (Month/I	on Dat		7. Title and Amount of Securities Underlying Derivative Security (Inst and 4)		J nstr.	Deri Sec (Ins	ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	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	Titl	Nu of	ımbe ares							

## **Explanation of Responses:**

1. Payment of Medicare and income tax liability by withholding shares of stock from restricted shares previously granted under the issuer's Executive Incentive Compensation Plan. The reporting person continues to hold the restricted shares originally granted, less the amount of this required tax withholding.

> /s/ Joyce McCarthy, Attorneyin-Fact

12/03/2012

\*\* 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.