## FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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

#### ATEMENT 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

Name and Address of Reporting Person*     Skala Justin						2. Issuer Name and Ticker or Trading Symbol  COLGATE PALMOLIVE CO [ CL ]										heck	all applic	cable)	g Per	son(s) to Iss 10% Ov Other (s	vner
(Last) (First) (Middle) COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 06/17/2013										X	below)		below) n America	pelow)		
(Street) NEW YO	ORK N	Y	10022		4.1	f Ame	endmer	nt, Date	t, Date of Original Filed (Month/Day/Year)								Form f	Joint/Group Filin filed by One Rep filed by More tha		orting Perso	n
(City)	(S	tate)	(Zip)																		
		Tab	le I - No	n-Deriv	ative	e Se	curiti	ies Ad	qui	ired,	Dis	posed o	of, o	r Ber	neficia	lly	Owned	1			
1. Title of Security (Instr. 3)			2. Transa Date (Month/I	Execution Date,		, [	Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			d (A) or r. 3, 4 an	4 and Securiti Benefic Owned		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
										Code V		Amount		(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock			06/17	6/17/2013					M <sup>(1)</sup>		4,822	2	A	\$34.	07	7 100,956(2)		D			
Common Stock			06/17/2013		3				S <sup>(3)</sup>		4,822	2	D	\$59.	09	96,1	,134(2)		D		
Common Stock																50,4	458 <sup>(2)</sup>		I	By Issuer's 401(k) Plan Trustee	
		7	able II -													y O	wned			<u> </u>	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	ed Date,	uts, cal  4. Transaction Code (Instr		5. Number n of		6, Options, C 6. Date Exercisa Expiration Date (Month/Day/Yea			able and	7. Title and Amount of Securities Underlying Derivative S (Instr. 3 and		Security	De Se (In	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e Constitution of the Cons	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Dat Exe	te ercisabl		xpiration ate	Title		Amount or Number of Shares	1					
Stock Option (Right to Buy) <sup>(4)</sup>	\$34.07	06/17/2013			M <sup>(1)</sup>			4,822	09/	)/12/2010	0 0	9/12/2013		nmon ock	4,822		\$0	9,646		D	

### **Explanation of Responses:**

- 1. Exercise of stock options awarded under the issuer's employee stock option plan. This transaction was effected pursuant to a Rule 10b5-1 trading plan.
- 2. All amounts reported on this Form 4 reflect the 2-for-1 stock split of the common stock of the issuer effective as of May 15, 2013.
- 3. 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. This transaction was effected pursuant to a Rule 10b5-1 trading plan.
- 4. The exercise price and number of shares of the issuer's common stock underlying this option have been adjusted as a result of the 2-for-1 stock split of the common stock of the issuer effective as of May 15, 2013.

## Remarks:

Nina Huffman, Attorney-in-

06/19/2013

**Fact** 

\*\* 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.