FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL				
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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* Dolan Victoria L (Last) (First) (Middle) C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE (Street) NEW YORK NY 10022 (City) (State) (Zip)						2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL] 3. Date of Earliest Transaction (Month/Day/Year) 10/30/2014 4. If Amendment, Date of Original Filed (Month/Day/Year)									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) VP & Corporate Controller 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	le I - N	lon-Deri	vative	Sec	uritie	es A	cquire	ed, D	isposed o	of, or B	enefici	ally	Owned	ı				
1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/N					Execu	A. Deemed execution Date, fany Month/Day/Year)		3. Transaction Code (Instr. 8)			Acquired (A) or (D) (Instr. 3, 4 and 5)		5)	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price		Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Common Stock 10/30/202						14		M ⁽¹⁾	П	9,668	A	\$36.	61	55	,705	D				
Common Stock 10/30/201						14			S		5,500	D	\$66.42	71 ⁽²⁾ 5		,205	D			
Common Stock 10/30/202						14			S ⁽³⁾		9,668	D	\$66.42	71(2)	40	,537	D			
Common											3,	.506	I	1	By Issuer's 401(k) Plan Trustee					
		7	able I						•	,	sposed of , converti	,		•	wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transa Code (8)				6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Securities Owned Following Reported Transactio (Instr. 4)	Ownersh Form: Direct (D or Indirec (I) (Instr.	: t (D) direct	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	Amount or Number of Carlo Date Expiration Date Title Shares													
Stock Option (Right to Buy)	\$36.61	10/30/2014			M ⁽¹⁾			9,668	09/10	/2012	09/10/2015	Commo Stock	9,66	8 \$	60.0000	0.0000		D		

Explanation of Responses:

- 1. Exercise of stock options awarded under the issuer's employee stock option plan.
- 2. Weighted average price, as these shares were sold in multiple transactions at prices ranging from \$66.20 to \$66.54, inclusive. The reporting person undertakes to provide to the issuer, any security holder of the issuer, or the staff of the Securities and Exchange Commission, upon request, additional information regarding the number of shares sold at each separate price within the range set forth in this footnote.
- 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.

/s/ Nina Huffman, Attorney-in-11/03/2014 **Fact**

** 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.