| SEC Form 4 | |
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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| OMB APP | ROVAL |
|---------------------|-----------|
| OMB Number: | 3235-0287 |
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| hours per response: | 0.5 |
|--------------------------|-----|
| Estimated average burden | |

| 1. Name and Address of Reporting Person* | | | 2. Issuer Name and Ticker or Trading Symbol <u>COLGATE PALMOLIVE CO</u> [CL] | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
|--|------------------|-------|--|------------------|---|-----------------------|--|--|--|--|
| COOK IAN M | | | | X | Director | 10% Owner | | | | |
| (Last) | (First) (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) | - x | Officer (give title below) | Other (specify below) | | | | |
| C/O COLGATE-PALMOLIVE COMPANY | | | 12/05/2013 | | Chairman, President & CEO | | | | | |
| 300 PARK AV | ENUE | | | | | | | | | |
| (Street) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indi Line) | vidual or Joint/Group Fili | ng (Check Applicable | | | | |
| NEW YORK | NY | 10022 | | X | Form filed by One Re | porting Person | | | | |
| | | | — | | Form filed by More the Person | an One Reporting | | | | |
| (City) | (State) | (Zip) | | | | | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
|---------------------------------|--|---|---|---|--------|---------------|----------|---|---|---|--|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | |
| Common Stock | 10/31/2013 | | G | v | 15,330 | D | \$0.0000 | 981,670 | D | | |
| Common Stock | 11/01/2013 | | G | v | 67 | D | \$0.0000 | 981,603 | D | | |
| Common Stock | 12/05/2013 | | F ⁽¹⁾ | | 3,059 | D | \$64.54 | 1,017,727 | D | | |
| Common Stock | | | | | | | | 58,732 | I | By 2012 GRAT | |
| Common Stock | | | | | | | | 82,836 | I | By 2013 GRAT | |
| Common Stock | | | | | | | | 101,258 | 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)

| 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) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | Expiration Date | | Expiration Date | | Expiration Date | | nd 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|---|-----|--|--|--|--|-----------------|--|-----------------|--|-----------------|--|--|--|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Expiration Exercisable Date | | Title | Amount or Number of Shares | | | | | | | | | | | | |

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.

| <u>/s/ Kristine Hutchinson,</u> | |
|---------------------------------|--|
| <u>Attorney-in-Fact</u> | |
| | |

12/09/2013

** 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.