FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, 5.5. 20045	OMB APPROVAL		
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-	
On the Enter of On the Delter Ton te Other Comments	1 - 2 - 1		

Filed pursuant to Section 16(a) of the Securities Exchange Act of 193
or Coation 20(b) of the Investment Company Act of 1040

0287 Estimated average burden hours per response: 0.5

Name and Address of Reporting Person* Nelson Rosemary				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% Owne Officer (give title Other (spec			Owner			
(Last) (First) (Middle) COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE				3. Date of Earliest Transaction (Month/Day/Year) 12/02/2010									A belo	w) ``	below ounsel, Opera	<i>ı</i>)`			
(Street) NEW YORK NY 10022 (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (Disposed Of (D) (Instr. 3)			nd Secu Bene	ficially ed Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership						
									Code	v	Amount		(A) or (D)	Price	Trans	saction(s) . 3 and 4)		(Instr. 4)	
Common	Stock			12/02	2/2010			F ⁽¹⁾		79		D	\$77	7.76 16,095		D			
		Та									sed of, onvertib				y Owned	1			
Derivative Conversion Date Executive Security or Exercise (Month/Day/Year) if any		3A. Deem Execution if any (Month/Da	n Date,	4. Transaction Code (Instr. 8)			ative rities ired osed . 3, 4			e	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of		ount	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Seneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

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.

Remarks:

Nina D. Gillman by power of 12/06/2010 attorney

** 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.