FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, I	D.C.	20549
---------------	------	-------

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP
SIAILMLNI	OI CITANOLS	IN DENEI ICIAE	CAMINETER

l	OMB APPRO	VAL				
OMB Number: 3235-028						
l	Estimated average burd	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

1. Name and Address of Reporting Person* HENDRY ANDREW D					2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL]									Check a	II app		100	o Issuer 6 Owner er (specify	
(Last) (First) (Middle) C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 11/28/2007										belov Sr V	ficer (give title low) VP, Gen Counsel (ow) retary
(Street) NEW YORK NY 10022 (City) (State) (Zip)					_ 4. 1	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. Transa Date (Month/D.			action	ction 2A. Deemed Execution Date,		3. 4. So Transaction Disp Code (Instr. 5)		4. Securit	1. Securities Acquired (A) Disposed Of (D) (Instr. 3,) or 5. Am 4 and Secur Benef Owne		ount of ties cially d Following	6. Ownershi Form: Direc (D) or Indire (I) (Instr. 4)	of Indirect Beneficial Ownership			
								Code	v	Amount	mount (A) or Pr		Price	1	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common	Stock			11/28	3/2007	2007		F ⁽¹⁾		155		D	\$79.74		175,979		D		
Common	Stock															3	3,761	I	By Son
Common Stock																	271	I	By Spouse ⁽²⁾
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)	conversion or Exercise Price of Derivative Security Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) (Month/Day/Year) Execution Date, if any (Month/Day/Year)		4. Transa Code (8)		of Deriving Security (A) of (Dispose)	or osed) r. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Date Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amount or Numbe of Shares		ount nber	nt er		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership ct (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. Mr. Hendry's holding of Colgate shares increased after the combination of this withholding and the original grant. Mr. Hendry continues to hold the restricted shares originally granted, less the amount of this required tax withholding.
- 2. The reporting person disclaims beneficial ownership of these securities, and this report shall not be deemed an admission that the reporting person is the beneficial owner of such securities for purposes of Section 16 or for any other purpose.

Remarks:

Nina D. Gillman by power of attorney

11/30/2007

** 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.