FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL					
l	OMB Number:	3235-0287					
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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

Name and Address of Reporting Person* COOK IAN M						2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL]									5. Relationship of Report (Check all applicable) X Director			10% Owner		ner
(Last) (First) (Middle) C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 08/08/2016									X	Officer (give title Other (spec below) Chairman, President & CEO				pecity
(Street) NEW YORK NY 10022 (City) (State) (Zip)					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									Indivi ne) X	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S	/ativ	ative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3) 2. Transa Date				saction		2A. Deemed Execution Date,		3. Transa Code (I	3. Transaction Code (Instr.		ecurities Acquired (A) or osed Of (D) (Instr. 3, 4 an			5. Amou Securiti Benefici Owned		s lly ollowing	6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4)	Direct ndirect r. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount		(A) or (D)	Price		Reported Transacti (Instr. 3 a	on(s)			(Instr. 4)
Common Stock 08/0					08/2016				M ⁽¹⁾		710,00	00	A	\$38.	.29	1,715	5,545		D	
Common Stock 08/0					8/2016				F ⁽²⁾		543,04	41	D	\$74.	43	1,172,504		1)	
Common Stock																39,2	225			By 2014 GRAT
Common Stock															73,	529			By 2015 GRAT	
Common Stock															277,009				By 2016 GRAT ⁽³⁾	
Common Stock														109,664		I		By Issuer's 401(k) Plan Trustee		
			Table II -					ies Acq arrants							y Ov	vned				
1. Title of Derivative Security (Instr. 3)	titive Conversion Date Execution Date or Exercise (Month/Day/Year) if any		ate, Tr	te, Transaction Code (Instr.		Derivative E		Expiration	. Date Exercisabl :xpiration Date Month/Day/Year)		of Sound Und Deri	7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		D S	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti	e (C s F dly C	LO. Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					ode	v	(A)	(D)	Date Exercisab		expiration Pate	Title		Amount or Number of Share:			(Instr. 4)	on(a)		
Stock Option (Right to Buy)	\$38.29 08/08/2016		M	M ⁽¹⁾			710,000	(4)	0	9/16/2016		nmon ock	710,00	0	\$0	0		D		

Explanation of Responses:

- 1. Exercise of stock options awarded under the issuer's employee stock option plan.
- 2. The exercise price of the options and related tax withholding requirement were satisfied by the Company's withholding shares otherwise deliverable upon exercise of the options.
- 3. These shares, which were previously reported as directly beneficially owned, were contributed to a grantor retained annuity trust on May 11, 2016.
- 4. Option became exercisable in one-third increments beginning on the first anniversary of the September 16, 2010 grant date.

Remarks:

/s/ Kristine Hutchinson, Attorney-in-Fact

08/10/2016

Attorney-ın-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.