Instruction 1(b)

## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Check this box if no longer subject to	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
Section 16. Form 4 or Form 5	
obligations may continue. See	

OMB APPROVAL OMB Number: Estimated average burden

0.5

hours per response:

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*  BERRY PHILIP A					2. Issuer Name and Ticker or Trading Symbol  COLGATE PALMOLIVE CO [ CL ]									(Check	all app Direc	olicable)	g Person(s) to I		
	(Fii .GATE-PAI K AVENUI	LMOLIVE COM	Middle) IPANY		3. Date of Earliest Transaction (Month/Day/Year) 03/03/2008									X	below) below)  VP, Global Wrkplce Initiatives			)`'	
(Street)  NEW YC  (City)			10022 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv Line) X	Forn Forn	ual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			
		Tabl	e I - No	on-Deriv	ative	Sec	uritie	s Ac	quirec	l, Di	sposed o	f, or B	enefic	cially	Owne	ed			
Date			Date	Date (Month/Day/Year) i		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a				5. Amount of Securities Beneficially Owned Follow Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) or (D)	Price	:	Trans	action(s) 3 and 4)		(11150.4)		
Common Stock 03/0			03/03/2	8008				F <sup>(1)</sup>		302	D	\$7	6.84	1	4,008	D			
Common	Stock			03/04/2	800				<b>S</b> <sup>(2)</sup>		83	D	\$76	.4878	4878 13,925 D				
Common Stock														2,937	I	By Issuer's 401(k) Plan Trustee			
		Та	ble II -								osed of,				wned				
1. Title of 2. 3. Transaction Date Execution Date, or Exercise (Month/Day/Year)				4. Fransaction Code (Instr. 3)		1		6. Date Exercisabl Expiration Date (Month/Day/Year)		isable and			8. Price of Derivative Security (Instr. 5)			Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amoun or Numbe of Shares						

## **Explanation of Responses:**

- 1. Payment of tax liability by withholding shares of stock from award of restricted shares vesting under the issuer's stockholder-approved Executive Incentive Compensation Plan. The overall net effect of the vesting of restricted shares, after the withholding and sale of shares to pay income taxes associated with such vesting reported on this Form, was to increase Mr. Berry's non-restricted holdings (i.e., common shares held outright) of Colgate stock.
- 2. Sale of shares (with proceeds delivered to the Company) for payment of tax liability above minimum required statutory withholding (but not in excess of full applicable statutory tax rates) resulting from vesting of award of restricted shares under the Company's stockholder-approved Executive Incentive Compensation Plan. The overall net effect of the vesting of restricted shares, after the withholding and sale of shares to pay income taxes associated with such vesting reported on this Form, was to increase Mr. Berry's non-restricted holdings (i.e., shares held outright) of Colgate common stock.

## Remarks:

Nina D. Gillman by power of attorney

03/05/2008

\*\* 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.