Instruction 1(b).

Common Stock

1. Title of

Derivative

Security (Instr. 3) 2. Conversion

or Exercise Price of

Derivative

Security

Explanation of Responses:

3. Transaction Date

(Month/Day/Year)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Issuer's

401(k) Plan Trustee

11. Nature

of Indirect

Beneficial

(Instr. 4)

Ownership

I

10

Ownership

Form: Direct (D)

or Indirect (I) (Instr. 4)

Filed purpugat to Section 16(a) of the Securities Evolution Act of 1024
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*				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)			
<u>SUTULA STANLEY J III</u>									Director	10% 0		
(Last)	(First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year)				X	Officer (give title below)	Other below	(specify)	
	· · /	· · · ·		12/06/2023				Chief Fina	ncial Officer			
C/O COLGAT	E-PALMOLIV	'E COMPANY							_			
300 PARK AVENUE			4. lf	4. If Amendment, Date of Original Filed (Month/Day/Year)				6. Indi Line)	6. Individual or Joint/Group Filing (Check Applicable Line)			
(Otres et)									X	Form filed by On	e Reporting Per	son
(Street)	NIV	10022								Form filed by Mo	ore than One Re	porting
NEW YORK	NY	10022								Person		
· · · · · · · · · · · · · · · · · · ·				Rule 10b5-1(c) Transaction Indication								
(City)	(State)	(Zip)										
				Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.								
		Table I - Nor	n-Derivative	Securities Acq	uired,	, Dis	posed of,	or Be	neficially	y Owned		
Date		2. Transaction Date (Month/Day/Year	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Disp Code (Instr. 5)						6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
					v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1130.4)	
Common Stock 12/06/2		12/06/2023		F ⁽¹⁾		368	D	\$77.47	24,001	D		
												Bv

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

Date

1. Payment of Medicare and income tax liability by withholding shares of stock from restricted stock units previously granted under the issuer's incentive compensation plan. The reporting person

Exercisable

6. Date Exercisable and

Expiration

Date

Expiration Date

(Month/Day/Year)

5. Number

Derivative

Securities Acquired

(A) or Disposed

of (D) (Instr. 3, 4 and 5)

(A) (D)

Transaction

Code (Instr.

8)

Code

t on a separate line for each class of securities beneficially ow

continues to hold the restricted stock units originally granted, less the amount of this required tax withholding.

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

Title

7. Title and

Amount of

Underlying

Security (Instr. 3 and 4)

Amount or Number

Shares

Securities

Derivative

12/08/2023

167

9. Number of

Securities Beneficially

derivative

Owned

Following Reported

Transaction(s) (Instr. 4)

8. Price of

Derivative

Security (Instr. 5)

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

3A. Deemed

Execution Date.

if any (Month/Day/Year)

* 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.