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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
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OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* <u>Thompson Neil</u>						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% Owner  Officer (give title Other (specifications)					vner	
(Last) (First) (Middle) C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 08/13/2009								X Office (give title Other (specify below)  Pres&CEO Hill's Pet Nutrition						
(Street) NEW YORK NY 10022					_ 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					
(City)	(S		(Zip)																	
4 7:41 4.4			le I - No			_			quired	l, Di	sposed o						6.00	anakin i	7. Nature	
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day						Exe ) if a	ecutio iny	Deemed ecution Date, ny onth/Day/Year)		ction Instr.	4. Securities Acquire Disposed Of (D) (Ins			5)	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	- 1	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Common Stock 08/13/2					2009	009			M <sup>(1)</sup>		4,667	A	\$60.6	58	8 23,844		D			
Common Stock 08/13/2					2009	009			<b>F</b> <sup>(2)</sup>		4,163	D	\$72.0	)3	3 19,861		D			
Common Stock 08/14/20					2009	009			S <sup>(3)</sup>		74	D	\$71.77	735	35 19,607			D		
Common Stock															2	47		I 4	By Issuer's 401(k) Plan Trustee	
		Т	able II								posed of converti			y Ov	vned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		n of		6. Date Exerci Expiration Dat (Month/Day/Ye		te	7. Title an Amount of Securities Underlyir Derivative (Instr. 3 a	of s ng e Security	Der Sec	Price of rivative curity str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
						code V		(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares							
Stock Option	\$60.68	08/13/2009			M <sup>(1)</sup>			4,667	09/07/2	008	09/07/2012	Common	4,667		\$0	4,667		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 withholding requirement was satisfied by the Company's withholding shares otherwise deliverable upon exercise of the options.
- 3. 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) incident to the exercise of the option under the issuer's employee stock option plan.

## Remarks:

Buy)

Nina D. Gillman by power of attorney

08/17/2009

\*\* 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.