FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO                | OVAL      |  |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |
| Estimated average burden |           |  |  |  |  |  |  |  |
| 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*  BELASCO STEVEN R |   |  |  |          |       | 2. Issuer Name and Ticker or Trading Symbol  COLGATE PALMOLIVE CO [ CL ] |         |  |                  |  |                     |  |          |                    | (Check                 | all app<br>Direc   | ionship of Reportin<br>all applicable)<br>Director<br>Officer (give title   |              | 10% C   |  |  |  |
| (Last) C/O COL 300 PARI                                    | 3. Date of Earliest Transaction (Month/Day/Year) 11/18/2004           |  |  |          |       |  |         |  |                  |  | X                   | below) below)  VP - Taxation and Real Estate   |          |                    | `                      |  |   |              |   |  |  |  |
| (Street) NEW YORK NY 10022 (City) (State) (Zip)            |   |  |  |          |       | 4. If Amendment, Date of Original Filed (Month/Day/Year)                 |         |  |                  |  |                     |  |          |                    | 6. Indiv<br>Line)<br>X | lividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person |   |              |   |  |  |  |
|  |   | Tab  | le I - No                                  | n-Deriva | ative | Se   | curitie | s Acc  | quired,          | Dis  | posed o             | f, o   | r Ber    | efic               | ially                  | Owne   | ed  |              |   |  |  |  |
|  |   |  | 2. Transaction<br>Date<br>(Month/Day/Year) |          | r) li | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year)              |         | Code (Instr.   |                  | 4. Securities Acquired (A)<br>Disposed Of (D) (Instr. 3, 4<br>5) |                     |  |          | and Secur<br>Benef |                        | cially<br>d Following  | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)   |              | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |  |  |
|  |   |  |  |          |       |  |         |  | Code             | v  | Amount              | mount (A) or (D)   |          | Pric               | e                      | Transaction(s)<br>(Instr. 3 and 4)   |   |              |   | (111511.4)   |  |  |
| Common   | Stock   |  |  | 11/18/   | 2004  |  |         |  | F <sup>(1)</sup> |  | 117                 |  | D        | \$4                | 7.23                   | $\epsilon$   | 0,022   | D            |   |  |  |  |
| Common   | Stock   |  |  |          |       |  |         |  |                  |  |                     |  |          |                    |                        | 1  | By Issuer's 401(K) Plan Trustee   |              |   |  |  |  |
| Common   | Stock   |  |  |          |       |  |         |  |                  |  |                     |  |          |                    |                        |  | 200   | I By Child   |   |  |  |  |
|  |   | Ta   | able II - I                                |          |       |  |         |  |                  |  | sed of,<br>onvertib |  |          |                    |                        | wned   |   |              |   |  |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)        | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | Execution if any                           |          |       | Transaction<br>Code (Instr.  |         | n of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |                  | n Date   | ar)                 | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr<br>and 4) |          | nstr. 3            | Deri<br>Sec<br>(Inst   | vative (   | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s<br>(Instr. 4) | F<br>D<br>(I | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |  |
|  |   |  |  |          | Code  | v  | (A)     | (D)  | Date<br>Exercisa |  | Expiration<br>Date  | Title  | Nu<br>of | ımber              |                        |  |   |              |   |  |  |  |

## Explanation of Responses:

1. Payment of tax liability by withholding shares of stock from restricted shares vesting under the issuer's Executive Incentive Compensation Plan.

## Remarks:

Nina D. Gillman by power of attorney

11/22/2004

\*\* 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.