## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**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*  JAKOBSEN HENNING I						2. Issuer Name and Ticker or Trading Symbol  COLGATE PALMOLIVE CO [ CL ]									all applic	*		son(s) to Issuer  10% Owner Other (specify		
(Last) (First) (Middle) C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 02/10/2020									Chief Financial Officer					
(Street) NEW YORK NY 10022 (City) (State) (Zip)				_	4. If Amendment, Date of Original Filed (Month/Day/Year)									ividual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person						
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Y					tion	2A. D Exec if any	eeme ution	d	3. Transaction Code (Instr. 8)		A. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			5. Amou Securiti Benefic		int of es ally Following	6. Owne Form: D (D) or In (I) (Instr	pirect conditions of the condi	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)	Price		Transac (Instr. 3	tion(s)			11150.4)	
Common Stock 02/10/202					2020	20		M <sup>(1)</sup>		37,264	A	<b>\$6</b> 4	\$64		5,339					
Common Stock 02/10/202					2020	20			<b>S</b> <sup>(2)</sup>		34,384	D	\$76.78	6.7882 <sup>(3)</sup> 41		,955	D			
Common Stock															6,578		I Z I	Sy ssuer's 401(k) Plan Trustee		
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
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)		5. Number of		6. Dat		cisable and late	7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		nt 8.	Price of erivative ecurity astr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	y Or Di or (I)	wnership orm: rect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amour or Numbe of Shares	er						
Stock Option (Right to	\$64	02/10/2020			M <sup>(1)</sup>			37,264	(	4)	09/10/2020	Commo Stock	<sup>n</sup> 37,26	54	\$0.0000	0.0000		D		

## **Explanation of Responses:**

- 1. Exercise of stock options awarded under the issuer's incentive compensation plan.
- 2. Sale of shares with proceeds delivered to the issuer for payment of the exercise price of options under the issuer's incentive compensation plan and the related tax withholding.
- 3. Weighted average price, as these shares were sold in multiple transactions at prices ranging from \$76.74 to \$76.8544, inclusive. The reporting person undertakes to provide to the issuer, any security holder of the issuer, or the staff of the Securities and Exchange Commission, upon request, additional information regarding the number of shares sold at each separate price within the range set forth in this footnote.
- 4. Option became exercisable in one-third increments beginning on the first anniversary of the September 10, 2014 grant date.

/s/ Kristine Hutchinson, Attorney-in-Fact

02/12/2020

\*\* Signature of Reporting Person

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.