FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

ashington,	D.C.	20549	

ton D.C. 20E40	
ton, D.C. 20549	
	OMB APPROVAL

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* $ \underline{MOISON\ FRANCK\ J} $						2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL]								(Check all ap		olicable) ctor	g Person(s) to Issuer 10% Owner Other (specify	
	•	LMOLIVE CON	(Middle) MPANY			of Earlies 2007	st Trans	saction (n/Day/Year)			X	Officer (give title below) Pres., Glob. Bu		belo	w)		
(Street) NEW YO			10022 (Zip)		_ 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (ChecLine) X Form filed by One Reporting P Form filed by More than One F Person									e Reporting Pe	erson		
		Tab	le I - N	on-Deriv	/ative	Se	curitie	es Ac	quired	d, Di	sposed o	f, or E	Benefic	cially	Owne	ed		
D.		2. Transac Date (Month/Da	eay/Year) Ex		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			nd 5) Securi Benefi Owned		icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) o	Price		Reported Transaction(s) (Instr. 3 and 4)			(111501.4)	
Common	Stock			12/12/	2007				F ⁽¹⁾		1,862	D	\$7	79.8	5	53,929	929 D	
Common	Stock			12/13/	2007				S ⁽²⁾		551	D	\$80	.0501	5	53,378	D	
Common	Stock														1,189 I 44			By Issuer's 401(k) Plan Trustee
		Ta	able II								osed of, convertib				wned		,	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	e (Month/Day/Year) if any				of Derive Security (A) of Dispersion of (D	r osed) r. 3, 4	6. Date Exerc Expiration Da (Month/Day/Y		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. Price Deriva Securi (Instr. !	ivative urity	ive derivative y Securities	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amount or Number 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. Moison'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. Moison's non-restricted holdings (i.e., shares held outright) of Colgate common stock.

Remarks:

Nina D. Gillman by power of attorney

12/1<u>4/2007</u>

** 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.