FORM 4

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

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APP	ROVAL
OLAL OWNEROUS	OMB Number:	3235_028

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL							
OMB Number: 3235-028							
Estimated average burden							
hours per response:	0.5						

Name and Address of Reporting Person*     Fogarty Stephen J.						2. Issuer Name and Ticker or Trading Symbol  COLGATE PALMOLIVE CO [ CL ]										all app	ionship of Reporting all applicable) Director Officer (give title		10% C	
(Last) (First) (Middle) C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 12/05/2013									X	below) below)  Chief Ethics & Compliance Off.					
(Street) NEW YO			10022 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								i. Indivine)	dividual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
		Tabl	e I - Nor	n-Deriv	ative	Se	curitie	s Acq	uired,	Dis	posed o	f, or	Ben	efici	ally	Owne	ed			
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		ır)   E	2A. Deemed Execution Date, if any (Month/Day/Year)				ities Acquired (A) d Of (D) (Instr. 3, 4					ities icially d Following	Form (D) o	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount		(A) or (D)	Price	,	Trans	action(s) 3 and 4)			(msu. 4)	
Common	Stock			12/05	5/2013				F <sup>(1)</sup>		196		D	\$64	1.54	2	21,637		D	
Common	Stock															3	0,518		I	By Issuer's 401(k) Plan Trustee
		Та									sed of, onvertib					vned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transa Code ( 8)		ı of	rative rities ired rosed	6. Date E Expiratio (Month/D	on Date		Amo Seci Und Deri	Amor or Nur	ount nber			9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	C F D O (I	10. Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

## Explanation of Responses:

1. Payment of Medicare and income tax liability by withholding shares of stock from restricted shares previously granted under the issuer's Executive Incentive Compensation Plan. The reporting person continues to hold the restricted shares originally granted, less the amount of this required tax withholding.

/s/ Kristine Hutchinson, Attorney-in-Fact

12/09/2013

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\*\* 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.