## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1	193
or Section 30(h) of the Investment Company Act of 1940	

Name and Address of Reporting Person*     Woodson Gregory P					2. Issuer Name and Ticker or Trading Symbol  COLGATE PALMOLIVE CO [ CL ]										all app Dire	olicable)		Ssuer Owner (specify	
	`	LIVE COMPAN	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 12/01/2011									Α	VP-	,	below) cs & Compliance	
(Street) NEW YC			10022 Zip)		4. If	Ame	mendment, Date of Original Filed (Month/Day/Year)								6. Indiv Line) X	Forn	n filed by One	up Filing (Check Applicable ne Reporting Person ore than One Reporting	
(City)	(3)			n-Deriv	ative	Se	curitie	es Ari	nuired	Die	nosed o	f 0	r Ren	efic	rially	Own	-d		
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date,		3. Transaction Code (Instr.						) or 5. Am 4 and Secur Benef Owne		ount of rities ficially ed Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount		(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common	Stock			12/01	/2011				F <sup>(1)</sup>		174		D	\$9	90.11	6	60,979	D	
Common	Stock															3	34,523	I	By Issuer's 401(k) Plan Trustee
Common	Stock																1,764	I	By Spouse
		Та	ıble II - I								sed of, onvertib					wned			
					Transa Code (I	supposed of (D) (Instr. 3, 4 and 5)			6. Date E Expiratio (Month/D	n Date	•	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			Deri Sec (Ins	rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	or Nui of	oun mbei ares	r				

## **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.

## Remarks:

Nina Huffman by power of <u>attorney</u>

12/05/2011

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.