FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington. | D.C. | 20549 |
|-------------|------|-------|

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|------------|---------------|-----------|
| | | | |

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average b | ourden | | | | | | | | |

0.5

hours per response:

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

| Name and Address of Reporting Person* Wallace Noel R. | | | | | | 2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL] | | | | | | | | (Che | ck all applic | able) | g Pers | on(s) to Issi 10% Ow Other (s | ner | |
|---|---------|--|--|--------|---------------------------------|--|---------|--------------------------------------|---------------------------------------|---|---|----------------|---|--|--|-------------|--|--|-----------|--|
| (Last) (First) (Middle) COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE | | | | | 05/1 | 3. Date of Earliest Transaction (Month/Day/Year) 05/15/2012 | | | | | | | | | X Officer (give title Other (specific below) below) Pres Colgate No. America | | | | | |
| (Street) NEW YO | ORK N | Y | 10022 | | 4. If A | lment, | Date o | of Original Filed (Month/Day/Year) | | | | | Line) | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (St | | (Zip) | | | | | | | | | | | | | | | | | |
| | | Tab | le I - No | | | _ | | | | Dis | | | | | / Owned | | | | | |
| | | Date | 2. Transaction Date (Month/Day/Year) | | Execution Date, r) if any | | Transac | Transaction Disposed Code (Instr. 5) | | ities Acquired (A) or d Of (D) (Instr. 3, 4 an | | | Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | | Code | e V Amount | | (A) (D) | o) or Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | instr. 4) | |
| Common Stock 05/15 | | | 05/15/ | /2012 | 2012 | | | M ⁽¹⁾⁽³⁾ | | 833 | A | . ; | \$68.15 | 59, | 59,309 | | D | | | |
| Common | Stock | | | 05/15/ | /2012 | | | | S ⁽²⁾⁽³⁾ | | 833 | Г |) (| \$99.95 | 9.95 58,476 D | | | D | | |
| Common Stock | | | | | | | | | | | | | 17,751 | | | I . | By Issuer's 401(k) Plan Trustee | | | |
| | | ٦ | Γable II · | | | | | | | | osed of, onvertil | | | | Owned | | , | | | |
| Derivative Conversion Date | | 3. Transaction Date (Month/Day/Year) | Execution Date, | | 4. Transac Code (In 8) | | on of | | 6. Date Ex Expiration (Month/Da | • | and 7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4) | | curity | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4) | is Silly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) (D) | | Date Exercisab | | Expiration Date | Title | or Nu of | mber ares | | | | | | |
| Stock Option (Right to | \$68.15 | 05/15/2012 | | | M ⁽¹⁾⁽³⁾ | | | 833 | 09/12/201 | 0 0 | 09/12/2013 | Commo Stock | n 8 | 333 | \$0 | 15,50 | 1 | D | | |

Explanation of Responses:

- 1. Exercise of stock options awarded under the issuer's employee stock option plan.
- 2. Sale of shares with a portion of the proceeds delivered to the issuer for payment of the exercise price of options under the issuer's employee stock option plan and the related tax withholding.
- 3. This transaction was effected pursuant to a Rule 10b5-1 trading plan.

Remarks:

Nina Huffman by power of attorney 05/17/2012

** 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.