FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Washington, D.C. 20049 | OMB APPROVAL | | | |
|--|--------------|-------|--|--|
| STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP | OMB Number: | 3235- | | |

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| | OMB Number: | 3235-0287 | | | | | |
| | Estimated average burde | en | | | | | |
| | hours per response: | 0.5 | | | | | |
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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* TANGNEY MICHAEL J | | | | | 2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL] | | | | | | | | | | k all app Dired Offic | olicable) ctor er (give title | Oth | 6 Owner er (specify | |
|--|------------------------------|------------------|----------------|----------------------------|---|---|--|---|--------------------|---|--|---|------|--|---|---|---------------------------------|------------------------|--|
| | (Fi LGATE-PAI K AVENUI | LMOLIVE COM | Middle) IPANY | | 3. Date of Earliest Transaction (Month/Day/Year) 09/09/2004 | | | | | | | | Exec | • | bek Colgate Lati | • | | | |
| (Street) NEW YO | | | 10022 | | 4. If Amendment, Date of C | | | | | f Original Filed (Month/Day/Year) | | | | | | ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) | | 2. Trans Date | 2. Transaction | | 2A. Deemed Execution Date, | | 3. Transa Code (| 3. 4. Securiti Transaction Disposed Code (Instr. 5) | | ties A | ies Acquired (A) or Of (D) (Instr. 3, 4 and | | or | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | of Indirect | | |
| | | | | | | | Code | v | Amount | t (A) or (D) | | Pric | e | Transaction(s) (Instr. 3 and 4) | | | (111511.4) | | |
| Common Stock | | 09/09 | 09/09/2004 | | | | F ⁽¹⁾ | | 893 | | D | \$54.4 | | 34 | 49,244 | D | | | |
| Common Stock 0 | | 09/09 | 09/09/2004 | | | | F ⁽¹⁾ | | 61 | | D | \$54.4 | | 349,183 | | D | | | |
| Common Stock | | | | | | | | | | | | | | 1 | 8,297 | I | By issuer'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 Conversion Security or Exercise (Month/Day/Year) if any Co | | | Transa | 5. Number of of Derivative | | vative urities uired or osed) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownersh Form: Direct (D) or Indirec (I) (Instr. | Beneficial Ownership t (Instr. 4) | | | |
| | | | Code | v | (A) | (D) | Date Exercisal | | Expiration Date | Title | or Nur of | ount nber ires | | | | | | | |

Explanation of Responses:

1. Payment of tax liability by withholding shares of stock from restricted shares vesting under the issuer's Executive Incentive Compensation Plan.

Remarks:

Nina D. Gillman by power of attorney

09/13/2004

** 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.