FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
bligations may continue. See
notruption 1/h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* Thompson Neil						2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL]								(Check	all app Dired	olicable)		ssuer Owner (specify	
	(Fi GATE-PAI K AVENUI	LMOLIVE COM	Middle) IPANY			3. Date of Earliest Transaction (Month/Day/Year) 07/14/2010								X	belov	w)	below)		
(Street) NEW YC (City)			.0022 Zip)		4. If	Amen	dment,	Date o	of Original Filed (Month/Day/Year)					6. Indiv Line) X	Forn Forn	lual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			
		Tabl	e I - No	on-Deriv	ative	Sec	uritie	s Ac	quirec	l, Dis	sposed o	f, or B	enefi	cially	Owne	ed			
			2. Transaction Date (Month/Day/Year)		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				Secur Benef Owne	ties cially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price	•		action(s) 3 and 4)		(Instr. 4)	
Common Stock 07/14/2			2010	010			F ⁽¹⁾		877	D	\$8	3.31	2	25,919	D				
Common	mmon Stock 07/15/			07/15/2	2010	010			S ⁽²⁾		279	D	\$83	.0374	2	25,640	D		
Common	Stock															372	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 Security (Instr. 3)	Title of erivative conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) 3. Deemed Execution Date, if any (Month/Day/Year)		4. Transa	1. Transaction Code (Instr.		1 1		6. Date Exercisa Expiration Date (Month/Day/Year		sable and 7. Title and Amount of		8. Price of Derivative Security (Instr. 5)			Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
			Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amoun or Numbe of Shares	er							

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. Thompson'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. Thompson's non-restricted holdings (i.e., shares held outright) of Colgate common stock.

Remarks:

Nina D. Gillman by power of <u>attorney</u>

07/16/2010

** 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.