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
obligations may continue. See
Instruction 1(b).

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

1. Name and Address of Reporting Person* Marsili Daniel B							2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL]									of Reporting cable) or	g Perso	on(s) to Issu 10% Ow Other (s	ner
(Last) (First) (Middle) C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 04/16/2018								Chief Human Resources Officer					er
(Street) NEW YORK NY 10022 (City) (State) (Zip)					_ 4.	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check A Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person											ting Persor	1	
(-19)				Non-Deri	vativ	- Sac	curiti	ος Δ	cauir	2d D	ienosed o	of or B	enefic	ially	Owned				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/N					tion	2A. E Exec if any	Deemed oution D			action Instr.	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			5. Amour Securitie Beneficia Owned F		int of es ially Following	Form:	Direct Control of the	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price		Reporte Transac (Instr. 3	tion(s)			Instr. 4)
Common Stock 04/16/20						18			M ⁽¹⁾		19,500	Α	\$52	.27	77	,935		D	
Common Stock 04/16/20						18			S ⁽²⁾		19,500	D	\$71.8	496 ⁽³⁾	58	435		D	
Common Stock															29	,192		I Z	By Issuer's 401(k) Plan Trustee
		-	Table								sposed of, , converti				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /Day/Year)	Code (Expir	te Exer ation E th/Day/		7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		D	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly i	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amor or Numl of Share	ber					
Stock Option (Right to	\$52.27	04/16/2018			M ⁽¹⁾			19,500	(4)	09/13/2018	Commo Stock	n 19,5	500	0.0000	58,500)	D	

Explanation of Responses:

- 1. Exercise of stock options awarded under the issuer's employee stock option plan. This transaction was effected pursuant to a Rule 10b5-1 trading 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. This transaction was effected pursuant to a Rule 10b5-1 trading plan.
- 3. Weighted average price, as these shares were sold in multiple transactions at prices ranging from \$71.72 to \$71.95, inclusive. The reporting person undertakes to provide to the issuer, any security holder of the issuer, or the staff of the Securities and Exchange Commission, upon request, additional information regarding the number of shares sold at each separate price within the range set forth in this footnote.
- 4. Option became exercisable in one-third increments beginning on the first anniversary of the September 13, 2012 grant date.

/s/ Kristine Hutchinson, 04/18/2018 Attorney-in-Fact

** 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.