FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

Check this box if no longer subject to	STATEME
Section 16. Form 4 or Form 5 obligations may continue. See	
Instruction 1(b).	File

NT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
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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* COOK IANIM					2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
COOK IAN M													X	Direc	ctor		10% Owner					
,														_	X		er (give title			(specify		
(Last)	(Fi	rst) (I	Middle)					t Trans	action (M	onth/I	Day/Year)				71		below)		below)			
C/O COI	GATE-PAI	LMOLIVE COM	IPANY		12/0	01/2	011									Ch	hairman, President & CEO)		
300 PAR	K AVENUI	7																				
300 17110	IX 71V LIVOI	_			4 16	4. If Amendment, Date of Original Filed (Month/Day/Year)									C. Individual or Joint/Croup Filips (Obselv Appli)							
(Ctt)					4. 11	Ame	nament,	Date o	r Originai	Filea	(Month/Da	ау/ үе	ear)		6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street)	ODIZ NI	7 1	0022												X Form filed by One Reporting Person					on		
NEW YO	ORK N	(I	.0022												Form filed by More than One Reporting							
					1											Pers		c triair c	ле пер	orung		
(City)	(St	ate) (2	Zip)																			
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
1. Title of Security (Instr. 3) 2. Transa Date (Month/L				eay/Year) Exec		2A. Deemed Execution Date, if any		Transaction Dispos Code (Instr. 5)		curities Acquired (A) osed Of (D) (Instr. 3, 4			and Securities Beneficial		ities icially	6. Own Form: I (D) or I	Direct Idirect	7. Nature of Indirect Beneficial				
						(Month/Day/Year)		8)		1					Repor	eported		(I) (Instr. 4)	Ownership (Instr. 4)			
									Code	v	Amount		(A) or (D)	Pric	е		action(s) 3 and 4)					
Common Stock 12/0				12/01	/2011	/2011			F ⁽¹⁾		1,357	,	D	\$90	0.11	537,631		Ι)			
																			By			
													l						Issuer's			
Common	Stock													l		_ ⊿	7,720]		401(k)		
Common Stock													l			7,720	•		Plan			
														l						Trustee		
																				Trustee		
		Та									sed of, onvertib					vned						
1. Title of	2.	3. Transaction	3A. Deem	ed	4.		5. Nu	mber	6. Date E	xercis	able and	7. T	itle and		8. Pi	ice of	9. Number o	f 10.		11. Nature		
Derivative Security (Instr. 3) Conversion or Exercise Price of Derivative Security S			Date,	Transaction Code (Instr. 8)		n of E		Expiratio	6. Date Exercisable and Expiration Date (Month/Day/Year)			Amount of Securities Underlying Derivative Security (Instr. and 4)		Deri Seci	ivative urity tr. 5)	derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owi For Dire or li (I) (I	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)			
		Code	v	(A)	(D)	Date Exercisal		Expiration Date	Amoui or Number of Title Shares		mber											

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:

Joyce McCarthy by power of 12/05/2011 attorney

** 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.