FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APP	ROVAL
OMB Number:	3235-028

37 Estimated average burden hours per response: 0.5

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

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* Gillman Nina D						2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify								
(Last) (First) (Middle) COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE				05/	3. Date of Earliest Transaction (Month/Day/Year) 05/05/2009									VP-Dep Gen Counsel & Asst Sec								
(Street) NEW YORK NY 10022						t Ame	namer	it, Date (of Origin	ai File	ed (Month/Da		Individual or Joint/Group Filing (Check Application) X Form filed by One Reporting Person Form filed by More than One Reporting Person					n				
(City)	(Si	tate) ((Zip)																			
		Tab	le I - N	on-Deriv	ative	Se	curiti	ies Ac	quired	d, Di	sposed o	f, or Be	neficia	ally (Owned							
Da			2. Transaction Date (Month/Day/Yea		Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			and 5) Securit Benefic Owned		ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Direct Indirect Istr. 4)	7. Nature of Indirect Beneficial Ownership					
									Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)			
Common Stock			05/05/2009				M ⁽¹⁾		6,500	A	\$55.65	\$55.6563),608		D						
Common Stock				05/05/2009)		M ⁽¹⁾		9,900	A	\$556.5	\$556.565),508		D					
Common Stock 09				05/05/	05/2009				F ⁽²⁾		15,565	D	\$61.5	61.56 14		,943		D				
Common Stock 05					5/06/2009				S ⁽³⁾		143	D	\$61.17	\$61.1754 14		,800		D				
Common Stock																33		I	By Issuer's 401(k) Plan Trustee			
		T	able II								posed of, converti				wned							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deel Execution if any (Month/I		Date, Transa Code (I				6. Date Exerc Expiration Da (Month/Day/Y		te	7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owner Form: Direct or Indi (I) (Ins	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)		Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares	r								
Stock Option (Right to Buy)	\$55.6583	05/05/2009			M ⁽¹⁾			6,500	09/09/2	002	09/09/2009	Common Stock	6,500		\$0	0		D				
Stock Option (Right to Buy)	\$56.565	05/05/2009			M ⁽¹⁾			9,900	09/11/2	006	09/11/2009	Common Stock	9,900		\$0	0		D				

Explanation of Responses:

- 1. Exercise of stock options awarded under the issuer's employee stock option plan.
- 2. The exercise price of the options and related withholding requirement was satisfied by the Company's withholding shares otherwise deliverable upon exercise of the options.
- 3. 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) incident to the exercise of the option under the issuer's employee stock option plan.

Remarks:

Nina D. Gillman

05/07/2009

** 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.