FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 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).

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 IAN M						2. Issuer Name <b>and</b> Ticker or Trading Symbol  COLGATE PALMOLIVE CO [ CL ]									5. Relationship of Reporti (Check all applicable) X Director		blicable) ctor	10% C	wner
(Last) (First) (Middle) C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 12/07/2017									X	belov	,	Other below) esident & CEO	
(Street) NEW YORK NY 10022					4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Indiv Line) X	·			
(City)	(St		Zip)	n-Deriv	ative					—	nosed o	f o	 r Rer	efic	ially	Owne			
Table I - Non-Deriv  1. Title of Security (Instr. 3)  2. Transa Date (Month/Date)				ction	2 F) if	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4				5. Am Secur Benef Owne		ount of ities icially 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	9		ted action(s) 3 and 4)		(Instr. 4)
Common	Stock			11/09/	2017	I			<b>G</b> <sup>(1)</sup>	V	6,825		D	\$0.0	0000	1,18	35,545 <sup>(2)</sup>	D	
Common Stock 1				12/07/	12/07/2017				F <sup>(3)</sup>		2,660		D	\$73.2		1,182,885		D	
Common Stock 11/08				11/08/2	2017				G <sup>(4)</sup>	V	2,039		D	\$0.0000		0.0000		I	By 2015 GRAT
Common Stock														152,009		I	By 2016 GRAT		
Common Stock													2		77,970	I	By 2017 GRAT		
Common Stock														118,067		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)	perivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any			Code (I	i. Transaction Code (Instr.		5. Number of		Exercis on Date Day/Ye		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		nstr. 3			9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	of	ımber					

## **Explanation of Responses:**

- 1. Bona fide gift.
- 2. This amount includes a payment of 39,800 shares upon maturation of the reporting person's 2015 GRAT on November 6, 2017. These shares were previously reported as indirectly beneficially owned.
- 3. Payment of Medicare and income tax liability by withholding shares of stock from restricted stock units previously granted under the issuer's incentive compensation plan. The reporting person continues to hold the restricted stock units originally granted, less the amount of this required tax withholding.
- 4. Upon maturation of the reporting person's 2015 GRAT, these shares were gifted to trusts not controlled by the reporting person.

/s/ Kristine Hutchinson, Attorney-in-Fact

12/11/2017

\*\* 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.