FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, I | D.C. | 20549 |
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| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|-------------------|---------------|-----------|

| OMB APPRO | VAL |
|------------------------|-----------|
| OMB Number: | 3235-0287 |
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| 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

| 1. Name and Address of Reporting Person* THOMPSON DELIA H (Last) (First) (Middle) C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE | | | | | | Susuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL] Date of Earliest Transaction (Month/Day/Year) 03/08/2012 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | S. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director | | | | |
|--|---|----|-------------------------------|--|--------|--|--|--------|-------------------|---|--|--|---|--|--|--|---|---|---|
| (Street) NEW YO | | | 10022 Zip) | | | | | | | | | | | ine) X F F | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| Dat | | | 2. Transa Date (Month/D | nsaction th/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (| Transaction Dispo | | urities Acquired (A sed Of (D) (Instr. 3, | | | and Se Be Ow | mount of curities neficially ned Follo | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Pric | Tra | oorted nsaction(s str. 3 and 4 | | | (Instr. 4) |
| Common Stock | | | | | 8/2012 | | | | A ⁽¹⁾ | | 1,970 | | A | \$ | 0 | 59,191 | | D | |
| Common Stock | | | | | | | | | | | | | | | | 8,837 | | I | By Issuer's 401(k) Plan Trustee |
| | | Та | ıble II - D | | | | | | , | | sed of, onvertib | | | | • | ed | | | |
| 1. Title of Derivative Security (Instr. 3) | varive urity or Exercise Price of Derivative Security Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) | | | saction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiratio (Month/D | Date Exercisable and Expiration Date (Month/Day/Year) Expiration Date Exercisable | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | 8. Price Derivati Security (Instr. 5) | deriva Secui Bene Owne Follov Repo | ities icially d ving ted action(s | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

Explanation of Responses:

1. Restricted stock award granted under the issuer's Executive Incentive Compensation Plan.

Remarks:

Joyce McCarthy by power of

03/12/2012

** 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.