FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

KIIIEO <i>F</i>	AND EXCHANGE CO	
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OIVIB AP	PROVAL
OMB Number:	3235-0287
Estimated average	ge burden

0.5

hours per response:

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity
securities of the issuer that is
intended to satisfy the affirmative
defense conditions of Rule 10b5-

Name and Address of Reporting Person* <u>Malcolm Gregory</u>			2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL]								Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner								
(Last) (First) (Middle) C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE			3. Date of Earliest Transaction (Month/Day/Year) 12/03/2024								Officer (give title Other (specify below) EVP and Controller								
(Street) NEW YORK NY 10022			4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(St		Zip)																
1. Title of Security (Instr. 3)		n-Derivative S 2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, ear) if any		3. 4. Transaction D		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			A) or 5. Amount of		unt of ties cially Following	Form: (D) or	. Ownership orm: Direct O) or Indirect) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) (D)	or Pri	ce	Transa	ed ction(s) 3 and 4)			(Instr. 4)
Common Stock			12/03/2024				F ⁽¹⁾		42	D \$		94.61 8,		,191]	D			
Common Stock														8,258			I	By Issuer's 401(k) Plan Trustee	
		Tal									osed of, convertib				Owne	d		·	
Derivative Conversion Date Execu Security or Exercise (Month/Day/Year) if any		if any	emed 4. Transac Code (I /Day/Year) 8)		action of		6. Date Exercis Expiration Date (Month/Day/Yea		te Amount of		int of rities rlying ative rity (Inst	8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly OF DO (I	0. Iwnership orm: iirect (D) r Indirect) (Instr. 4)	11. Natur of Indirec Beneficia Ownersh (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amour or Number of Shares	er					

Explanation of Responses:

1. 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.

/s/ Kristine Hutchinson, Attorney-in-Fact

12/05/2024

** Signature of Reporting Person

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.