FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* HENDRY ANDREW D						2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL]									all application of the contraction of the contracti	or 10 (give title Ot		10% Ov Other (s	vner		
(Last) (First) (Middle) C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE					10/	3. Date of Earliest Transaction (Month/Day/Year) 10/02/2012								Chief Legal Officer &Secretary							
(Street) NEW YORK NY 10022					4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)																					
			le I - No			_			1	, Dis	posed o			ally (I	1.			
Da				Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (Disposed Of (D) (Instr.			nd 5)	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price		Reporte Transac (Instr. 3	tion(s)			(Instr. 4)		
Common Stock				10/02/2012					M ⁽¹⁾		2,000	A	A \$68.1		114,454		D				
Common Stock				10/02/2012					S ⁽²⁾		1,000	D	\$108	3.27	113,454		Г)			
Common Stock				10/02/2012					S ⁽³⁾	3) 2,000		D	\$108	3.27	111,454		Ι)			
Common Stock															1,382		I		By Issuer's 401(k) Plan Trustee		
Common Stock															3,	761	1	I 1	By Son ⁽⁴⁾		
Common Stock														767				By Spouse ⁽⁴⁾			
		Т	able II -								osed of converti				wned						
Security or E (Instr. 3) Pric Deri	nversion Exercise ce of ivative curity	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	ed n Date,	I 4. Date, Transacti Code (Ins		5. Number on of		-	xercis n Date	able and	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. I De Se (In	Price of rivative curity str. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	O Fe D OI (I)	0. Dwnership orm: Direct (D) r Indirect) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)		Date Exercisal		xpiration ate	Title	Amoun or Numbe of Shares	nber							
Stock Option (Right to Buy)	68.15	10/02/2012			M		2,000		09/12/20	10 (09/12/2013	13 Common Stock 2,		\$	0.0000	32,000		D			

- 1. Exercise of stock options awarded under the issuer's employee stock option plan. This transaction was effected pursuant to a Rule 10b5-1 trading plan.
- 2. This transaction was effected pursuant to a Rule 10b5-1 trading plan.
- 3. Sale of shares with a portion of the proceeds delivered to the issuer for payment of the exercise price of options under the issuer's employee stock option plan and the related tax withholding. This sale was effected pursuant to a Rule 10b5-1 trading plan.
- 4. The reporting person disclaims beneficial ownership of these securities, and this report shall not be deemed an admission that the reporting person is the beneficial owner of such securities for purposes of Section 16 or for any other purpose.

/s/ Nina Huffman, Attorney-in-10/04/2012

Fact

** 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.