FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | JVAL | | | | |
|------------------------|---------------------------------------|--|--|--|--|
| OMB Number: | 3235-0287 | | | | |
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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* HANCOCK ELLEN M | | | | | | | Name a GATE | | | | | mbol CO [CL | (Che | ck all applic Directo | or | | 10% Ow | ner | | |
|---|---|------------|--|---------|------------------------------|--|-----------------------|---------|------------------------------|--------------------|-------|---------------------|--|--|----------------------------|---|--|---|--|---------------------------------------|
| | C/O COLGATE PALMOLIVE COMPANY | | | | | | of Earlies 2012 | t Tran | saction | (Month | n/Da | ay/Year) | | Officer below) | Officer (give title below) | | Other (s below) | pecify | | |
| 300 PARK AVENUE (Street) NEW YORK NY 10022 | | | | | 4. 1 | If Ame | endment, | Date | of Origi | nal File | ed (I | Month/Da | Line | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Noi | າ-Deri\ | vativ | e Se | curitie | s Ac | quire | d, Di | sp | osed o | f, or E | ene | ficiall | y Owned | | | | |
| | | | 2. Transaction Date (Month/Day/Year) | | | 2A. Deen Executio if any (Month/D | ´ C₀ | nsactio | | | | | | 5. Amour Securitie Beneficia Owned F | s ally ollowing | Form (D) o | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Co | de V | | Amount | (A (D | or | Price | Reported Transact (Instr. 3 a | tion(s) | | | (Instr. 4) |
| Common | Common Stock 02/28 | | | | | /2012 | | | (| 7 | 7 | 1,079 | | D | \$ <mark>0</mark> | 76, | 76,348 | | D | |
| Common | Stock | | | 05/1 | 4/201 | 12 | | | A | 1) | | 1,650 |) | A | \$ <mark>0</mark> | 0 77,998 D | | | | |
| | | - | Table II - | | | | | | | | | sed of, onvertib | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deeme Execution if any (Month/Day | Date, | 4. Transa Code (8) | | ı of | | 6. Date Expirat (Month | on Dat | te | le and | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | | piration ate | Title | O N O | umber | | | | | |
| Stock Option (Right to Buy) | \$99.01 | 05/14/2012 | | | A ⁽²⁾ | | 3,500 | | 05/14/2 |)13 ⁽³⁾ | 05 | 5/14/2018 | Comm Stock | | 3,500 | \$0 | 3,500 | | D | |

Explanation of Responses:

- 1. Annual stock grant under the issuer's Stock Plan for Non-Employee Directors.
- 2. Annual stock option grant under the issuer's Non-Employee Director Stock Option Plan.
- 3. Option becomes exercisable in one-third increments beginning on the first anniversary of the grant date.

Remarks:

Nina Huffman by power of ** Signature of Reporting Person

05/16/2012

attorney

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.