FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|
| | | |

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

INT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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* FILUSCH EDWARD J (Last) (First) (Middle) C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE | | | | | | Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL] In a second content of the | | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) Vice President and Treasurer 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
|--|--|----|-------------------------------|---------------------|--|--|-------------------------------|---|--------|--|---------------------|--------------------------|---|--------------------------------------|---|---|--|--|---|---|--|
| (Street) NEW YO (City) | | | 10022 Zip) | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (0.0) | (0. | | | n-Deriva | ative | Se | curitie | s Acc | uired. | Disi | posed o | f. o | r Ben | efic | ially | Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Trans | | | 2. Transa | action Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | or 5. Amount Securities Beneficially | | ount of ities icially d Following | Form: | nership Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Pric | е | Transa | action(s) 3 and 4) | | | (111501.4) | |
| Common Stock 12/0 | | | | 12/03/ | /2009 | | F ⁽¹⁾ | | 159 | D \$8 | | \$8 | 5.65 | 19,825 | | | D | | | | |
| Common Stock | | | | | | | | | | | | | | | | | 616 | | I | By Issuer's 401(k) Plan Trustee | |
| | | Та | | | | | | | | | sed of, onvertib | | | | | vned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | erivative conversion or Exercise (Month/Day/Year) Price of Derivative Security Execution Date, if any (Month/Day/Year) | | 4. Transa Code (I B) | | ion of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Expiratio (Month/D | on Date | е | Amount of Securities Underlying Derivative Security (Instr. and 4) Amount of Manual Amount or Number of Security (Instr. and 4) | | nstr. 3 nount mber | 8. Price of Derivative Security (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ov Fo Dii or (I) | wnership orm: rect (D) Indirect (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |

1. Payment of Medicare and income tax liability by withholding shares of stock from restricted shares previously granted under the issuer's Executive Incentive Compensation Plan. Mr Filusch's holding of Colgate shares increased after the combination of this withholding and the original grant. Mr. Filusch continues to hold the restricted shares originally granted, less the amount of this required tax withholding.

Remarks:

Nina D. Gillman by power of <u>attorney</u>

12/07/2009

** 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.