FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20049

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| ı | OMB APPRO | JVAL |
|---|------------------------|-----------|
| | OMB Number: | 3235-0287 |
| l | Estimated average burd | len |
| | 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

| | d Address of | Reporting Person* | | | 2 10 | | Nome | | | | | | | | | | | | | | | |
|--|--------------|-------------------|-------------|-------|---|--|--|-----|-------------------|----------------------|--|--------------------|---|-------------------|------------------------------|------------------------|---|---|---|---|--|--|
| 1. Name and Address of Reporting Person* Skala Justin | | | | | | 2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL] | | | | | | | | | | | all app | onship of Reporting Perso Il applicable) Director Officer (give title | | | wner | |
| (Last) (First) (Middle) COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/27/2008 | | | | | | | | | | | Officer (give title below) Pres. Colgate Greater Asia | | | ` | | |
| (Street) NEW YORK NY 10022 (City) (State) (Zip) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | i. Indivi ine) X | vidual or Joint/Group Filing (Check Applicable 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 | | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | ar) | Execut if any | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | (A) o . 3, 4 a | 4 and Secur Benef Owne | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | ode | / | Amount (A) or (D) | | Pric | , | Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | | | | | | | |
| Common | Stock | | | 02/27 | 7/2008 | 2008 | | A | A ⁽¹⁾ | | 3,529 | 3,529 A | | \$ | 5 <mark>0</mark> | 21,515 | | | D | | | |
| Common Stock | | | | | | | | | | | | | | | | | 540 | | | I | By Issuer's 401(k) Plan Trustee | |
| | | Та | ıble II - C | | | | | | | | | sed of, nvertib | | | | | /ned | | | | | |
| L. Title of Derivative Security Instr. 3) | | | | Date, | 4. Transaction Code (Instr. 8) | | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expii (Mon | iration I nth/Day | Date //Year | r) | 7. Title and Amount of Securities Underlying Derivative Security (Inst and 4) | | ount | Deriv Secu | Price of erivative ecurity estr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Ownership Form: Direct (D) or Indirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exer | e rcisable | | xpiration ate | Title | e Sha | res | | | | | | | |

Explanation of Responses:

1. Regular restricted stock award granted under the Long-Term Global Growth Program of the issuer's Executive Incentive Compensation Plan.

Remarks:

Nina D. Gillman by power of attorney

02/29/2008

** 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.