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
obligations may continue. See
Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average b	ourden									
houre per recognese:	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* THOMPSON DELIA H					2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL]								heck al	l applic Directo	,		on(s) to Iss 10% Ov Other (s	ner	
(Last) (First) (Middle) C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 05/05/2016								X	респу				
	W YORK NY 10022				_ 4.	Line) X Form filed by On											p Filing (Check Applicable ne Reporting Person ore than One Reporting		
(City)	(5		(Zip)	lon Dori	ivetiv	- Soc		ioo A	- auir		ionocod o	f or D	noficio	lly Or	wood				
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and		(A) or	5. Amo Securi Benefi Owned		nt of es ally -ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price	т	eporte ransac nstr. 3	tion(s)			(Instr. 4)
Common Stock 05			05/05/2	2016)16					40,000	A	\$38.29	29 187		7,673		D		
Common Stock 05/0			05/05/2	2016)16					40,000	D	\$72.082	9 ⁽³⁾ 147		7,673		D		
Common Stock													21,573			I	By Issuer's 401(k) Plan Trustee		
		-	Table								sposed of, , converti			y Owi	ned				
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execut Security or Exercise (Month/Day/Year) if any		emed 4. on Date, Transa		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		umber vative urities uired or osed o) (Instr.	6. Dat		cisable and Date	7. Title a of Secur Underlyi	nd Amount ities ing /e Security	Deriv Secu	3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares						
Stock Option (Right to	\$38.29	05/05/2016			M ⁽¹⁾			40,000	(4)	09/16/2016	Common Stock	40,000) 3	60	0		D	

Explanation of Responses:

- 1. Exercise of stock options awarded under the issuer's employee stock option plan.
- 2. 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.
- 3. Weighted average price, as these shares were sold in multiple transactions at prices ranging from \$72.00 to \$72.28, inclusive. The reporting person undertakes to provide to the issuer, any security holder of the issuer, or the staff of the Securities and Exchange Commission, upon request, additional information regarding the number of shares sold at each separate price within the range set forth in this footnote.
- 4. Option became exercisable in one-third increments beginning on the first anniversary of the September 16, 2010 grant date.

Remarks:

/s/ Kristine Hutchinson, 05/09/2016 Attorney-in-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.