FORM 4

obligations may continue. See Instruction 1(b).

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

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB Number: Estimated average burden hours per response: 0.5

OMB APPROVAL

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*  Dolan Victoria L  (Last) (First) (Middle)  C/O COLGATE-PALMOLIVE COMPANY  300 PARK AVENUE					Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [ CL ]      Date of Earliest Transaction (Month/Day/Year) 12/04/2014											all app Direct Office below	blicable) ctor er (give title w)	or 10% O (give title Other (		Owner (specify )	
Street) NEW YORK NY 10022  (City) (State) (Zip)					4. If Amendment, Date of Original Filed (Month/Day/Year)											6. Indiv Line) X	idual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person				
		Tab	le I - No	n-Deriv	ative	Se	curi	ties	Acq	uired,	Disp	osed o	f, o	r Ber	efic	ially	Owne	ed			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da						ar)	Execu if any	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)				1 and Secur Benef		icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
										Code	v	Amount		(A) or (D)	Pric	e:e	Transa	action(s) 3 and 4)			(instr. 4)
Common Stock 12/04/2					/2014	2014			F <sup>(1)</sup>		523	D \$6		\$6	9.45	4	10,203	D			
Common Stock																	:	3,506	I		By Issuer's 401(k) Plan Trustee
		Ta	able II - I									sed of, onvertib					vned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	ution Date, Ti		action (Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ed , 4	6. Date E Expiratio (Month/D	n Date	r) Amoun Securit Underly Derivat		Amount or Number of		Deriv Secu (Inst		9. Number of derivative Securities Beneficially Owned Following Reported Transaction ((Instr. 4)	Owner Form Direct or Inc (I) (In	(D) irect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

## **Explanation of Responses:**

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. The reporting person continues to hold the restricted shares originally granted, less the amount of this required tax withholding.

/s/ Nina Huffman, Attorney-in- 12/08/2014 **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.