FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

vuoimigton,	D.O.	20040	

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								

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 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

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1. Name and Address of Reporting Person* <u>HUSTON JOHN J</u>						2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (spec				% Owner		
(Last) (First) (Middle) C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 12/02/2010										elow)			ler (specify low)	
(Street) NEW YORK NY 10022					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Application) X Form filed by One Reporting Person Form filed by More than One Reporting Person									Person	;				
(City)	(3)		Zip) 	n-Deriv	ative		acurit	ies Ac	nuired	Die	nosed o	of Or	Ran	ofici	ally ∩y	vnec				_
1. Title of Security (Instr. 3)				2. Trans	2. Transaction		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transa	Transaction Disp Code (Instr. 5)		curities Acquired (A) osed Of (D) (Instr. 3, 4			or 5. Am 4 and Secul Bene		unt of es ially Following	6. Ownersh Form: Direc (D) or Indire (I) (Instr. 4)	t of Indire	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount		(A) or (D)	Price	ͺ Tra	ansac	ction(s) and 4)		(
Common Stock				12/02	2/2010				F ⁽¹⁾		111		D	\$77	7.76	37,638		D		
Common Stock															2,530		I	By Issuer's 401(k) Plan Trustee)	
		Та									sed of, onvertib					ed				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security			n Date, Transacti Code (Ins			on of		6. Date E Expiratio (Month/E	n Dat		and 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			8. Price Derivati Security (Instr. 5	ative der ity Sec 5) Be Ow Fol Re Tra	Number of lerivative securities seneficially owned ollowing keported transaction(s) instr. 4)	Owners Form: Direct (I or Indire (I) (Instr	Benefici Ownersh ct (Instr. 4)	ect ial hip
			Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Nur	nber ares								

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.

Remarks:

Nina D. Gillman by power of 12/06/2010 <u>attorney</u>

** 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.