FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1/h)

STATEMENT 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* HENDRY ANDREW D						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					
(Last) (First) (Middle) C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 04/17/2012								X Officer (give title Other (specify below) Chief Legal Officer &Secretary				pecify	
,	NEW YORK NY 10022			_ 4. If _	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S		(Zip)	n-Deri	vativo	Saci	uritid	ac Acc	wired	Die	nosed o	f or Rei	neficia.	Ily Owned					
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day)					action	tion 2A. Exe		A. Deemed kecution Date,		3. Transaction Code (Instr. 8)		ies Acquire Of (D) (Ins	ed (A) or	5. Amou Securitie Benefici Owned F	nt of es ally collowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Direct Condinect E	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3	ion(s)			Instr. 4)	
Common Stock 04/17/2					7/2012	.012			M ⁽¹⁾⁽³⁾		2,000 A		\$68.	15 125	125,047)		
Common Stock 04/17/					7/2012	2012			S ⁽²⁾⁽³⁾		2,000	D	\$98.	05 123	123,047				
Common Stock 04/17/2					7/2012	.012		S ⁽³⁾		1,000 D		\$98.	05 122	122,047					
Common Stock														3,	761	I	I	By Son ⁽⁴⁾	
Common Stock													7	744			By Spouse ⁽⁴⁾		
Common Stock														1,	276	I	I Z I	By ssuer's 101(k) Plan Trustee	
		-	Table II -								sed of, onvertib			/ Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)		ı of l		6. Date Exercisa Expiration Date (Month/Day/Yea		:	7. Title an Amount o Securities Underlyin Derivative (Instr. 3 an	f g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	O' Fo Illy Di OI (I)). wnership orm: irect (D) · Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Exercisab		Expiration Date	Title	Amount or Number of Shares						
Stock Option (Right to Buy)	\$68.15	04/17/2012			M ⁽¹⁾⁽³⁾			2,000	09/12/201	0 0	09/12/2013	Common Stock	2,000	\$0	54,000	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. This transaction was effected pursuant to a Rule 10b5-1 trading plan.
- 4. The reporting person disclaims beneficial ownership of these securities, and this report shall not be deemed an admission that the reporting person is the beneficial owner of such securities for purposes of Section 16 or for any other purpose.

Remarks:

Joyce McCarthy by power of attorney

04/19/2012

** 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.