FORM 4

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

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

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* MARTIN RONALD T							2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL]										all app	nship of Reporting applicable) Director Officer (give title		g Person(s) to Issuer 10% Owner Other (specify	
	(Last) (First) (Middle) C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 12/05/2013										X	below) "		c. Res	below) Responsibility	
(Street) NEW YORK NY 10022 (City) (State) (Zip)					4. If	Line											dividual or Joint/Group Filing (Check Applicable) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
				n-Deriv	ative	Se	ecuri	ties	Acq	uired,	Dis	posed o	f, o	r Ben	efic	ially (Dwne	ed			
1. Title of Security (Instr. 3) 2. Trans Date (Month/I						- 1	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				or 5. Am 4 and Secui Benef		icially d Following	Form (D) o	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										Code	v	Amount		(A) or (D) Pr		Trans		action(s) 3 and 4)			(msu. 4)
Common Stock 12/05/					5/2013	2013				F ⁽¹⁾		111		D	\$6	4.54	10,333			D	
Common Stock																	1	.3,319		Ι	By Issuer's 401(k) Plan Trustee
		Та										sed of, onvertib					/ned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution if any	Execution Date, if any		4. Fransaction Code (Instr. 3)		of I		6. Date E: Expiratio (Month/D	n Date	r) Amount of Securities Underlying Derivative Security (Instr. and 4)		nstr. 3	8. Pri Deriv Secu (Insti	ative rity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	O F D O (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A	, _{(I}		Date Exercisal		Expiration Date	Title	or Nu of	nount mber 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.

/s/ Kristine Hutchinson, Attorney-in-Fact

12/09/2013

** 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.