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
bligations may continue. See
activation 1/h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number	3235-0287							
Estimated ave	rage burden							
hours per resp	oonse: 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* Daniels Jennifer (Last) (First) (Middle) C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE						Suer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL] 3. Date of Earliest Transaction (Month/Day/Year) 01/09/2017 4. If Amendment, Date of Original Filed (Month/Day/Year)								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) CLO and Secretary 6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) NEW YO (City)			10022 Zip)		-									X	•			
(City)	(30			Non-Deriv	vative	Sec	uritie	s Ad	cauire	ed. D	isposed o	f. or F	enefic	ially (Owne	-d		
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y			on	n 2A. Deemed Execution Date,		3. 4. Securit		4. Securities	s Acquired (A) or of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
					İ			Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock 01/09/20				017	7			S		868(1)	D	\$66.62	209(2))9 ⁽²⁾ 36,813		D		
Common Stock																177	I	By Issuer's 401(k) Plan Trustee
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	Derivative lecurity instr. 3) Conversion or Exercise (Month/Day/Year) Price of Derivative Security Date (Month/Day/Year) (Month/Day/Year) Execution Date, if any (Month/Day/Year)		4. Transa Code (8)		5. Numof of Derive Securion Acquired (A) or Disport of (D) (Instrand 5	ative rities ired osed	Expir (Monitative littles red sed 3,4		6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Exercisable Date		and t of ies ying ive y (Instr. 3 Amount or Number of Shares	Deriv Secu (Inst		9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Explanation of Responses:

1. Sale of shares with proceeds delivered to the issuer for payment of tax liability incident to vesting of a restricted stock unit award under the issuer's Executive Incentive Compensation Plan. This transaction was effected pursuant to a Rule 10b5-1 trading plan.

2. Weighted average price, as these shares were sold in multiple transactions at prices ranging from \$66.61 to \$66.621, 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.

Remarks:

/s/ Kristine Hutchinson, Attorney-in-Fact

01/11/2017

** 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.