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
obligations may continue. See
Instruction 1(b).

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* THOMPSON DELIA H				2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL]									ck all app Dired	olicable)	g Person(s) to Is 10% (
(Last) (First) (Middle) C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 09/08/2008										below) below) VP, Investor Relations			
(Street) NEW YORK NY 10022 (City) (State) (Zip)				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(Oily)				on-Deriva	ative	Sec	uritie	s Ac	auirea	d. Dis	sposed o	f. or E	Benef	iciall	/ Own	ed			
1. Title of Security (Instr. 3) 2. Trans Date			2. Transact	ction 2A Ex ay/Year) if a		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			or	5. Am Secur Benet Owne	ount of ties cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price		Report Trans (Instr.	action(s) 3 and 4)		(Instr. 4)	
Common	Stock			09/08/2	008				F ⁽¹⁾		274	D	\$	\$79.25		35,340	D		
Common	Stock			09/09/2	800				S ⁽²⁾		93	D	\$7	9.136	369 35,247 D				
Common Stock																1,813	I	By Issuer's 401(k) Plan Trustee	
Common Stock															112		I	By spouse	
		Та	ble II -								osed of,				Owned				
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security Security 3. Transaction Date Execution Date, if any (Month/Day/Year)				5. Number of of Derivative		ative rities ired osed	6. Date Exercisal Expiration Date (Month/Day/Year		ite	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		De Se (Ir	Price of rivative curity str. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code		(A)	(D)	Date Exercis	sable	Expiration Date	or Numbe of Title Shares							

Explanation of Responses:

- 1. Payment of tax liability by withholding shares of stock from award of restricted shares vesting under the issuer's stockholder-approved Executive Incentive Compensation Plan. The overall net effect of the vesting of restricted shares, after the withholding and sale of shares to pay income taxes associated with such vesting reported on this Form, was to increase Ms. Thompson's non-restricted holdings (i.e., common shares held outright) of Colgate stock.
- 2. Sale of shares (with proceeds delivered to the Company) for payment of tax liability above minimum required statutory withholding (but not in excess of full applicable statutory tax rates) resulting from vesting of award of restricted shares under the Company's stockholder-approved Executive Incentive Compensation Plan. The overall net effect of the vesting of restricted shares, after the withholding and sale of shares to pay income taxes associated with such vesting reported on this Form, was to increase Ms Thompson's non-restricted holdings (i.e., shares held outright) of Colgate common stock.

Remarks:

Nina D. Gillman by power of attorney ** Signature of Reporting Person

09/10/2008

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.