FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPRO | VAL | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| l | Estimated average burden | | | | | | | | |
| l | hours per response: | 0.5 | | | | | | | |

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

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* <u>JIMENEZ JOSEPH</u> | | | | | | | 2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL] | | | | | | | | | all app | olicable) ctor | | Person(s) to Issuer 10% Owner | | |
|--|---|--|---|---------|---|---|--|---|--|-------|---------------------|---|--|---|-------|---|---|---|--|--|--|
| (Last) (First) (Middle) C/O COLGATE PALMOLIVE COMPANY | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/01/2013 | | | | | | | | | | Officer (give title below) | | Othe belo | r (specify v) | | |
| 300 PARK AVENUE | | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) NEW YORK NY 10022 | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| (City) | (S | ate) (| Zip) | | | | | | | | | | | | | | | | | | |
| | | Tabl | e I - Noi | n-Deriv | ative | Se | curitie | s Ac | quired | , Dis | posed o | f, or | Ben | efici | ally | Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution ay/Year) if any | | Deemed ecution Date, ny onth/Day/Year) | | | | | ties Acquired (A) d Of (D) (Instr. 3, 4 | | | Securi Benefi | cially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | | A) or D) | Price | Trans | | action(s) 3 and 4) | | (msu. 4) | | |
| Common Stock | | | | | 07/01/2013 | | | | A ⁽¹⁾ | | 108 | | A | \$57 | '.97 | 18, | 201(2)(3) | D | | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | | vned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | | | 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) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nur of | ount nber ires | | | | | | | |

Explanation of Responses:

- 1. Portion of annual cash retainer deferred to a stock unit account pursuant to the Deferred Compensation Plan for Non-Employee Directors.
- 2. All amounts reported on this Form 4 reflect the 2-for-1 stock split of the common stock of the issuer effective as of May 15, 2013.
- 3. Amount as of July 1, 2013.

Remarks:

/s/ Kristine Hutchinson, Attorney-in-Fact 09/03/2013

** 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.