FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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* MOISON FRANCK J						2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL]										(Checl	all app Direc	olicable)		Person(s) to Issuer 10% Owner Other (specify	
	`	LMOLIVE COM	Middle) 1PANY		3. Date of Earliest Transact 12/03/2015					`					X	COO	COO Emerging Mkts.& So. Pacif.			acif.	
(Street) NEW YO (City)			10022 Zip)		- 4. IT	Am	nename	ent, Da	ate of	Originai	Filed	(Month/Da	ау/ Ү	ear)		6. Indi Line) X	Forn	n filed by One n filed by Moi	e Rep	orting Pers	on
		Tabl	e I - Noi	n-Deriv	ative	Se	ecuri	ties A	Acq	uired,	Dis	posed o	f, o	r Ber	efic	ially	Owne	ed			
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)			2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				and Secur Benef Owne		icially d Following	Form (D) o	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
										Code	v	Amount		(A) or (D)	Pric	e		action(s) 3 and 4)			(Instr. 4)
Common	Stock			12/03	3/2015	5				F ⁽¹⁾		513		D	\$6	5.58	1	66,973		D	
Common	Stock																3	9,820		I	By Issuer's 401(k) Plan Trustee
Common	Stock																	10		I	By Son
		Та	uble II - I)									sed of, onvertib					wned				
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security				Date, Transaction			on of		re (es	6. Date E: Expiration (Month/D	n Dat		Am Sec Und Der Sec	7. Title and Amount of Securities Underlying Derivative Security (Instr.: and 4)		Deri Sec (Ins	rice of vative urity tr. 5)		F D O (I	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code V		(A) (D)		Date Exercisal		Expiration Date	Title	Nu of	ımber						

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.

Remarks:

/s/ Kristine Hutchinson, Attorney-in-Fact

12/07/2015

** 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.