FORM 4

Check this box if no longer subject

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
|-------------|------------|
|-------------|------------|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL             |       |  |  |  |  |  |  |  |
|--------------------------|-------|--|--|--|--|--|--|--|
| OMB Number: 3235-0287    |       |  |  |  |  |  |  |  |
| Estimated average burden |       |  |  |  |  |  |  |  |
| hours por rosponso       | . 0.5 |  |  |  |  |  |  |  |

to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

| 1. Name and Address of Reporting Person*  Wallace Noel R.  (Last) (First) (Middle)  C/O COLGATE-PALMOLIVE COMPANY  300 PARK AVENUE  (Street)  NEW YORK NY 10022 |                                                                                                |         |                                                    |                                         | 3. Da 02/1 | Issuer Name and Ticker or Trading Symbol     COLGATE PALMOLIVE CO [ CL ]      In the second of |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                          |                                                           |                                           | S. Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner     X Officer (give title Other (specify below) below)     Chairman, President & CEO      6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting |                                                                                                                     |                                                                   |                                                                   |                                                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------|----------------------------------------------------|-----------------------------------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-----------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------|--|
| (City)                                                                                                                                                          | (St                                                                                            | ate) (2 | Zip)                                               |                                         |            | Person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                          |                                                           |                                           |                                                                                                                                                                                                                                                                                                                                           | )II                                                                                                                 |                                                                   |                                                                   |                                                                   |  |
| 1. Title of Security (Instr. 3)                                                                                                                                 |                                                                                                |         | on-Deriva<br>2. Transaction<br>Date<br>(Month/Day/ | on 2A. Deemed Execution Date,           |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 3.<br>Trans<br>Code<br>8) | Transaction Code (Instr. 8)  Disposed Of (D) (Instr. 3, 4 and 1 an |                                     |                          |                                                           |                                           | 5. Amount of                                                                                                                                                                                                                                                                                                                              |                                                                                                                     | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) |                                                                   | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
| Common                                                                                                                                                          | non Stock 02/16/20                                                                             |         | 02/16/20                                           | 21                                      | 21         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Code<br>S <sup>(1)</sup>  | V                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2,961                               | (A) or<br>(D)            | Price \$77.3                                              | 03(2)                                     | (Instr. 3 and 4)                                                                                                                                                                                                                                                                                                                          |                                                                                                                     | D                                                                 | $\dashv$                                                          |                                                                   |  |
| Common Stock                                                                                                                                                    |                                                                                                |         | 02/10/20                                           | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3,002                               |                          |                                                           |                                           | 47,912                                                                                                                                                                                                                                                                                                                                    |                                                                                                                     | I                                                                 |                                                                   | By<br>Issuer's<br>401(k)<br>Plan<br>Trustee                       |  |
| Common Stock                                                                                                                                                    |                                                                                                |         |                                                    |                                         |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                          |                                                           |                                           | 335                                                                                                                                                                                                                                                                                                                                       |                                                                                                                     | I                                                                 |                                                                   | By Trust                                                          |  |
|                                                                                                                                                                 |                                                                                                | Tal     | ble II                                             |                                         |            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     | posed of,<br>, convertib |                                                           |                                           |                                                                                                                                                                                                                                                                                                                                           | Owne                                                                                                                | d                                                                 |                                                                   |                                                                   |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                                                                                                             | Title of 2. 3. Transaction A. Deemed Execution Date Curity or Exercise (Month/Day/Year) if any |         | Deemed<br>ution Date,                              | 4.<br>Transaction<br>Code (Instr.<br>8) |            | 5. Numborf Derivativ Securitie Acquired (A) or Dispose of (D) (Instr. 3, and 5)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | er 6. D<br>Exp<br>(Mo     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | rcisable and 7. Title and Amount of |                          | e and<br>int of<br>ities<br>lying<br>ative<br>ity (Instr. | 8. Price of Derivativ Security (Instr. 5) |                                                                                                                                                                                                                                                                                                                                           | 9. Number<br>derivative<br>Securities<br>Beneficiall<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | Own<br>Forn<br>Direc<br>or In<br>(I) (Ir                          | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) |                                                                   |  |
|                                                                                                                                                                 |                                                                                                |         |                                                    | Coo                                     |            | v                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (A) (D                    | Date<br>Exercisable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     | Expiration<br>e Date     | Title                                                     | Amount<br>or<br>Number<br>of<br>Shares    | r                                                                                                                                                                                                                                                                                                                                         |                                                                                                                     |                                                                   |                                                                   |                                                                   |  |

## **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 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 \$77.275 to \$77.305, 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.

/s/ Kristine Hutchinson, Attorney-in-Fact

02/18/2021

\*\* 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.