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 ]								all applic	cable)	Person(s) to Issue 10% Own Other (spe		ner
(Last) (First) (Middle) C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 08/18/2014								X	below) below) SrVP Investor Relations				
(Street) NEW YORK NY 10022  (City) (State) (Zip)					-	4. If Amendment, Date of Original Filed (Month/Day/Year)									dividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Y					tion	2A. D Exec if any	Deemed	d Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			5. Amor Securit Benefic Owned		int of es ally Following	6. Ownersl Form: Dire (D) or Indir (I) (Instr. 4)	ect E	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)			1	Instr. 4)
Common Stock 08/18/20						4			<b>M</b> <sup>(1)</sup>		40,000	A	\$39.	76	185	5,892	D		
Common Stock 08/18/20:					014	.4			S <sup>(2)</sup>		40,000	D	\$64.75	12 <sup>(3)</sup>	145	5,892	D		
Common Stock															20	,030	I	1 2 1	By Ssuer'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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	ion Date,	4. Transa Code ( 8)				6. Date Exer Expiration D (Month/Day/		Date	7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		De Se	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owner Form Direct or Ind (I) (In	t (D) lirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amoul or Number of Shares	er					
Stock Option (Right to	\$39.76	08/18/2014			M <sup>(1)</sup>	(1) 40,000		09/11/2011		09/11/2014	Commo	<sup>n</sup> 40,00	00 \$	\$0.0000 0.000			)		

## **Explanation of Responses:**

- 1. Exercise of stock options awarded under the issuer's employee stock option plan.
- 2. Sale of shares with a portion of the proceeds delivered to the issuer for payment of the exercise price of options under the issuer's employee stock option plan and the related tax withholding.
- 3. Weighted average price, as these shares were sold in multiple transactions at prices ranging from \$64.67 to \$64.885, 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

08/20/2014

\*\* 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.