FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| Check this box if no longer subject to | STAT |
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| Section 16. Form 4 or Form 5 | |
| obligations may continue. See | |
| Instruction 1(b). | |

TEMENT 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* Skala Justin (Last) (First) (Middle) COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE | | | | | 3. D 09/ | Suer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL] 3. Date of Earliest Transaction (Month/Day/Year) 09/09/2009 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | (Chec | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) below) Pres. Colgate Greater Asia 6. Individual or Joint/Group Filing (Check Applicable | | | |
|--|--|--|----------------------------|------------------------------|-------------|---|--|------------------|------|--|--|---------------|--|---|--|--|---|---|
| (Street) NEW YO | | | 10022 (Zip) | | | Line) X Form filed by One Reporting Form filed by More than One Person | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | Exe if a | A. Deemed xecution Date, any Month/Day/Year) | | | | | urities Acquired (A) or sed Of (D) (Instr. 3, 4 a | | | and 5) Securities Beneficial Owned Fo | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) oi (D) | Pric | e | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) |
| Common Stock 09/09/2 | | | | 2009 | 009 | | | S ⁽¹⁾ | | 528 | D | \$71 | .1073 | 3 42,306 | | D | | |
| Common Stock | | | | | | | | | | | | | | | 563 | | I | By Issuer'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) | vative Conversion Date urity or Exercise (Month/Day/Year) if any | | on Date, Day/Year) - | 4. Transa Code (8) | | | | | ite | Amount of Securities Underlying Derivative Security (Instr.: and 4) | | Dei Sec (Ins | rice of ivative urity str. 5) | 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) | | |

Explanation of Responses:

1. 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 Mr. Skala's non-restricted holdings (i.e., shares held outright) of Colgate common stock.

Remarks:

Nina D. Gillman by power of attorney

09/10/2009

** 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.