FORM 5

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

OMB APPROVAL								
OMB Number:	3235-0362							
Estimated average burden								

Check thi	is box if no lor	nger subject to													Olvi	DAFFR	OVAL
Section 1 obligation Instructio	L6. Form 4 or ns may contine on 1(b).	Form 5 ue. See									Est	OMB Number: 32 Estimated average burden hours per response:					
Form 3 H	loldings Repo	rted.												liot	urs per i	response.	1.0
Form 4 T	ransactions R	eported.	File	ed pursuant to or Section					ities Excha ompany Ac								
1. Name and Address of Reporting Person*			2. Issuer Name and Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
HANCO	CK ELL	EN M		COLGATE PALMOLIVE CO [CL]				X	Direct	,		10%	Owner				
														r (give titl	le	Othe	r (specify
(Last)	(Fir	st) (I	viiddle)	3. Stateme		Issuer's	s Fisca	l Year E	Ended (Mor	nth/Day/	Year)		below)		belov	v)
C/0 COLG	GATE-PAL	MOLIVE CPMI	PANY	12/31/20	10												
300 PARK	AVENUE			4 If Amen	dment	Date	of Origi	inal Eile	ed (Month/D	av/Voar	,	6 Indivi	dual or	loint/Gro	nun Eilii	na (Check	Applicable
				4. II Allieli	umem	, Date (or Origi	illai i lie	a (MOHUI)	ay/ real		Line)	uuai oi	Johnson	зир г пп	ng (Check	Applicable
(Street)	DIZ NIX	7 1	0022									X	Form	filed by C	One Re	porting Pe	rson
NEW YOR	RK NY	1	0022										Form Perso		More th	an One Re	porting
(City)	(C+	ato) (7	Zin)	·										••			
(City)	(Sta	(z	<u>Zip)</u>														
		Table	e I - Non-Deriv	ative Sec	uritie	s Ac	quire	d, Di	sposed (of, or	Benefic	ially C	Owne	d			
D		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		n Date, Code (Instr. 3, 4 an ay/Year) 8) Of (D) (Instr. 3, 4 an		and 5)			5. Amount of Securities Beneficially		Ownership		7. Nature of Indirect Beneficial			
							Amou		(A) or (D) Price		Owned at end of Issuer's Fiscal Year (Instr. 3 ar 4)		Fiscal	(D) or Indirect (I)		Ownership (Instr. 4)	
Common S	tock		09/27/2010	10		G		8	893	D	(1)	73		779	D		
Common S	tock		10/06/2010			C	3	1	104	D	(1)	73,675		675	D		
Common S	tock		12/31/2010			C	j	-	170	D	(1)	73,505				D	
		Та	ble II - Derivat (e.g., pı	ive Secur uts, calls,									ned				
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security	Exercise (Month/Day/Year) if any ice of erivative (Month/Day/Year)		4. Transaction of Code (Instr. 8) Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ative rities ired osed	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		Deriv Secu (Instr	curity str. 5) derivative str. 5) Benef Owne Follow Repor	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	ative rities ricially d ving rted action(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficia Ownersh (Instr. 4)		
					(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares						

Explanation of Responses:

1. Bona fide gift

Remarks:

Nina R. Huffman by power of <u>attorney</u>

02/10/2011

** 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.