FORM 4

## 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 per response:      | 0.5       |  |  |  |  |  |  |  |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

|   |   |  |   |  | OI 3   | secu  | 011 30(11   | ) or the | mvesume  | ini Co | прапу Асі  | 01 18   | 940            |                             |         |   |   |                         |  |  |  |  |
|---|---|--|---|--|--|---|---|----------|--|--------|--|---|----------------|-----------------------------|---------|---|---|-------------------------|--|--|--|--|
| 1. Name and Address of Reporting Person*  MOISON FRANCK J |   |  |   |  | 2. Issuer Name and Ticker or Trading Symbol  COLGATE PALMOLIVE CO [ CL ] |   |   |          |  |        |  |   |                | (Check all a                |         | p of Reportin<br>blicable)<br>ctor<br>er (give title  | ig Pers   | 10% C                   |  |  |  |  |
|   |   | LMOLIVE COM                                | Middle)   |  |  | 3. Date of Earliest Transaction (Month/Day/Year) 03/01/2004 |   |          |  |        |  |   |                |                             | X       | belov   |   | olgat                   | below)   |  |  |  |
| 300 PARK AVENUE   |   |  |   |  | 4 If   | If Amendment, Date of Original Filed (Month/Day/Year)       |   |          |  |        |  |   |                |                             |         | 6. Individual or Joint/Group Filing (Check Applicable |   |                         |  |  |  |  |
| (Street) NEW YC   | ORK N   | Ý 1  | 10022   |  |  |   |   |          |  |        |  |   | ine)<br>X      | e)                          |         |   | on  |                         |  |  |  |  |
| (City)  | (St   | ate) (                                     | Zip)  |  |  |   |   |          |  |        |  |   |                |                             |         |   |   |                         |  |  |  |  |
|   |   | Tabl                                       | e I - Noi   | n-Deriv                                    | ative  | Se  | curiti  | es Ac    | quired   | , Dis  | posed o  | f, o  | r Be           | nefici                      | ially ( | Owne  | ed  |                         |  |  |  |  |
| Dat   |   |  | Date  | 2. Transaction<br>Date<br>(Month/Day/Year) |  |   | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |          | Transaction Disp<br>Code (Instr. 5)                  |        | Securities Acquired (A) isposed Of (D) (Instr. 3, 4) |   |                | 4 and Secur<br>Bene<br>Owne |         | cially<br>d Following                                 | 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)      |  |  |  |
|   |   |  |   |  |  |   |   |          | Code   | v      | Amount   | Amount  |                | Pric                        |         |   | action(s)<br>3 and 4)   |                         |  | (Instr. 4)   |  |  |
| Common  | Stock   |  |   | 03/01                                      | /2004  |   |   |          | F <sup>(1)</sup>                                     |        | 3,579  |   | D              | \$5                         | 5.95    | 5   | 51,966 D  |                         |  |  |  |  |
| Common Stock  |   |  |   |  |  |   |   |          |  |        |  |   |                |                             |         | -   | 1,189   |                         | I  | By issuer's 401(k) Plan Trustee.                                   |  |  |
|   |   | Та   |   |  |  |   |   |          |  |        | sed of,<br>onvertib                                  |   |                |                             |         | vned  |   |                         |  |  |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)       | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |  | 4.<br>Transactior<br>Code (Instr<br>8)                                   |   | n of  |          | 6. Date Exercis<br>Expiration Date<br>(Month/Day/Yea |        | e  | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Inst<br>and 4) |                | f<br>s<br>g                 |         |   | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s<br>(Instr. 4) | O<br>F<br>D<br>O<br>(I) | 0.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |  |
|   |   |  |   |  | Code   | v   | (A)   | (D)      | Date<br>Exercis                                      | able   | Expiration<br>Date                                   | Titl  | OI<br>Ni<br>Of | umber                       |         |   |   |                         |  |  |  |  |

## Explanation of Responses:

1. Payment of tax liability by withholding shares of stock from restricted shares vesting under the issuer's Executive Incentive Compensation Plan.

## Remarks:

Nina D. Gillman by power of attorney

03/03/2004

\*\* 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.