FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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* <u>HENDRY ANDREW D</u>						2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL]								5. Re (Che	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 08/18/2014								_ >	X Officer (give title Other (specify below) Chief Legal Officer &Secretary					
(Street) NEW YORK NY 10022 (City) (State) (Zip)					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tak	ole I - No	n-Deri	vativ	e Se	curit	ties Ac	quired,	Dis	posed o	of, or l	Bene	ficially	y Owned					
Date				Date	Date Month/Day/Year)			2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A (D	A) or ()	Price	Reported Transact (Instr. 3	tion(s)			(Instr. 4)	
Common Stock				08/1	08/18/2014						60,00	0	Α	\$38.29	246,126]	D		
Common Stock 0				08/1	08/18/2014				F ⁽²⁾	F ⁽²⁾ 49,200		D	\$64.62	196	196,926		D			
Common Stock															7,	7,018		I	By Issuer's 401(k) Plan Trustee	
Common Stock															7,	522		I :	By Son ⁽³⁾	
Common Stock														1,560				By Spouse ⁽³⁾		
		-	Table II -								osed of, onverti			-	Owned		•		'	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)		n of E		Expiration	6. Date Exercisal Expiration Date Month/Day/Year		of Sec Under Deriva	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transaction (Instr. 4)	e C S F Illy C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	or No of	umber						
Stock Option (Right to	\$38.29	08/18/2014			M ⁽¹⁾	60,000		09/16/20	13 (09/16/2016	/2016 Common Stock		0,000	\$0.0000	\$0.0000 60,000		D			

Explanation of Responses:

- 1. Exercise of stock options awarded under the issuer's employee stock option plan.
- 2. The exercise price of the options and related tax withholding requirement were satisfied by the Company's withholding shares otherwise deliverable upon exercise of the options.
- 3. The reporting person disclaims beneficial ownership of these securities, and this report shall not be deemed an admission that the reporting person is the beneficial owner of such securities for purposes of Section 16 or for any other purpose.

/s/ Kristine Hutchinson, 08/20/2014 Attorney-in-Fact

** 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.