### 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*  Marsili Daniel B						2. Issuer Name and Ticker or Trading Symbol  COLGATE PALMOLIVE CO [ CL ]									all app Dired	olicable)	g Person(s) to Is 10% C		
	(Fii E-PALMO K AVENUI	LIVE COMPAN	Middle)		03/	3. Date of Earliest Transaction (Month/Day/Year) 03/03/2008									below) below) VP Global Human Resources				
(Street)  NEW YC			.0022 Zip)		,   4. If	Amer	idment.	, Date o	of Original Filed (Month/Day/Year)					6. Indiv Line)	Forn Forn	dual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person			
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Dat			Date		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a				Beneficially Owned Followir		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A) or (D)	Price	•		action(s) 3 and 4)		(Instr. 4)		
Common Stock 03				03/03/2	/03/2008				<b>F</b> <sup>(1)</sup>		376	D	\$7	6.84	1	7,624	D		
Common Stock			03/04/2008					S <sup>(2)</sup>		92	D	\$76	.4878	1	.7,532	D			
Common Stock															39		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 2. 3. Transaction Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any				Transaction Code (Instr.		5. Number of		Exerc ion Da /Day/Y	sable and te Amount of Securities Underlying Derivative Security (Ins and 4)		t of ies ving ive y (Instr.	8. Price Derivati Security (Instr. 5)		e derivative	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
				Code	v	(A) (D)		Date Exercisable		Expiration Date	Title	Amoun or Numbe of Shares							

# **Explanation of Responses:**

- 1. Payment of tax liability by withholding shares of stock from award of restricted shares vesting under the issuer'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. Marsili's non-restricted holdings (i.e., common shares held outright) of Colgate stock.
- 2. 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. Marsili's non-restricted holdings (i.e., shares held outright) of Colgate common stock.

### Remarks:

Nina D. Gillman by power of <u>attorney</u>

03/05/2008

\*\* 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.