FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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| heck this box if no longer subject to |
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| ection 16. Form 4 or Form 5 |
| bligations may continue. See |
| otrustion 1/h) |

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* HENDRY ANDREW D | | | | 2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL] | | | | | | | | | | (Check | all app Dired | olicable) | | Owner (specify | |
|--|---|----------------------|------------------------------|---|---------------------------------|-----------------------------------|----------|--|--|--------------------|-----------|--------------------------------|---|--|---|---|--|---|--|
| (Last) (First) (Middle) C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/03/2012 | | | | | | | | | | X | Chie | Chief Legal Officer & Secretary al or Joint/Group Filing (Check Applicable | | | |
| (Street) | ORK N | Y 1 | 10022 | | 4. If A | Ame | enament, | Date o | or Origina | ı Filea | (Month/Da | ау/ Ү | ear) | | 6. Indiv Line) X | Forn | n filed by One n filed by Mor | e Reporting Per te than One Re | son |
| (City) | (S | | Zip) | | | | | - 0 - | | D:- | | | D | | | | 1 | | |
| Table I - Non-Derive 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | ction 2A. Deeme Execution | | ed n Date, | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | | or 5. Se Be Ov | | ount of ities icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) |
| Common Stock 01/03 | | | 01/03/ | 2012 |)12 | | | S ⁽¹⁾ | | 1,000 |) D | | \$9 | 2.11 | 2.11 139,135 | | D | | |
| Common Stock | | | | | | | | | | | | | | | | 3,761 | I | By Son ⁽²⁾ | |
| Common | Stock | | | | | | | | | | | | | | | | 740 | I | By Spouse ⁽²⁾ |
| Common Stock | | | | | | | | | | | | | | 1,056 | | 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) | 2. Conversion or Exercise Price of Derivative Security | ise (Month/Day/Year) | Execution Date, if any | | 4. Transactio Code (Insti | | on of | | 6. Date Exercis Expiration Date (Month/Day/Yea | | • | Am Sec Und Der Sec | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | Deri Seci (Inst | | 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) |
| | | | | Code V | | (A) | (D) | Date Exercisable | | Expiration Date | Titl | or Nu of | iount mber ares | | | | | | |

Explanation of Responses:

- 1. The sale reported on this Form 4 is effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on May 17, 2010 for retirement planning purposes.
- 2. 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.

Remarks:

Joyce McCarthy by power of <u>attorney</u>

01/05/2012

** 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.