FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | | | |
|--------------|--|----------|--|--|--|--|--|--|--|--|--|--|
| OMB Number: | | 3235-028 | | | | | | | | | | |
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37 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

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|---|---|--|---|---|--|--|--|---|---|--|--|---------------|--|---|--|---|--|--|--|
| 1. Name and Address of Reporting Person* MOISON FRANCK J | | | | 2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL] | | | | | | | | | | Check | all app | olicable) ctor | 10% (| | |
| GATE-PA | LMOLIVE COM | • | | | | | st Trans | เกรaction (Month/Day/Year) | | | | | | | belov | v) `` | below |) | |
| | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | Tabl | e I - Noi | n-Deriva | ative | Se | curitie | es Aco | quired, | Dis | posed o | f, or | Ben | efici | ally | Owne | ed | | | |
| 1. Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | | r) E | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction D Code (Instr. 5) | | | | | | and Secur Benef Owne | | ities cially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code | v | Amount | | (A) or (D) | Price | ; | Transa | action(s) | | (111501.4) | |
| Common Stock | | | 12/04/ | 04/2014 | | | | F ⁽¹⁾ | | 656 | | D | \$69 | 9.45 1 | | 72,345 | D | | |
| Common Stock | | | | | | | | | | | | | | | 3 | 9,232 | I | By Issuer's 401(k) Plan Trustee | |
| Common Stock | | | | | | | | | | | | | | | | 10 | I | By Son | |
| | Та | | | | | | | | | | | | | | vned | | | | |
| 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Execution if any | n Date, Trans Code ay/Year) | | nstr. | of Deriv Secu Acqu (A) o Disp of (D (Inst and | vative vrities uired r osed) r. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration Date Date | | | Amoun or Numbe | | | | | derivative Securities Beneficially Owned Following Reported | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | (Fig. GATE-PA) (K AVENUE (Security (Institute of Stock) Stock 2. Conversion or Exercise Price of Derivative | (First) (CATE-PALMOLIVE COME AVENUE ORK NY (State) (CATE-PALMOLIVE COME AVENUE ORK NY (State) (CATE-PALMOLIVE COME AVENUE Table Security (Instr. 3) Stock Stock 2. Conversion or Exercise Price of Date (Month/Day/Year) | (First) (Middle) GATE-PALMOLIVE COMPANY K AVENUE ORK NY 10022 (State) (Zip) Table I - Note of the content | (First) (Middle) CGATE-PALMOLIVE COMPANY K AVENUE ORK NY 10022 (State) (Zip) Table I - Non-Derivation (Month/D) Stock Table II - Derivation (e.g., put) Conversion or Exercise Price of Derivative Security Security (Month/Day/Year) Stock 3. Transaction Date (Month/Day/Year) Month/Day/Year) 3. Transaction Date (if any (Month/Day/Year)) | CONFRANCK J (First) (Middle) .GATE-PALMOLIVE COMPANY K AVENUE Table I - Non-Derivative Gecurity (Instr. 3) Table II - Derivative Security Stock Table II - Derivative Security 2. 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Issuer Name and Tick COLGATE PAL (First) (Middle) .GATE-PALMOLIVE COMPANY K AVENUE ORK NY 10022 (State) (Zip) Table I - Non-Derivative Securities Accompany (Month/Day/Year) (Month/Day/Year) Stock Table II - Derivative Securities Acquered (e.g., puts, calls, warrants, and or Execution Date (if any (Month/Day/Year)) Conversion or Exercise Price of Derivative Securities Acquered (A) or Disposed of (D) (Instr. 3, 4 and 5) Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | Code Code | Column C | Colorersion Conversion Colorersion C | Color Color | COLGATE PALMOLIVE CO [CL] (First) (Middle) GATE-PALMOLIVE COMPANY K AVENUE 4. If Amendment, Date of Original Filed (Month/Day/Year) Table I - Non-Derivative Securities Acquired, Disposed of, or Benefication (Month/Day/Year) Fecurity (Instr. 3) 2. 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Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL] 3. Date of Earliest Transaction (Month/Day/Year) 12/04/2014 4. If Amendment, Date of Original Filed (Month/Day/Year) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned Ferson Stock Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned Ferson Stock Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned Ferson Stock Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned Ferson Stock Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned Ferson Stock Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned Ferson Stock Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned Ferson Stock Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned Ferson Stock Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned Ferson Stock Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned Ferson Stock Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned Ferson Stock Ferson Stock Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned Ferson Stock Ferson Stock Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned Ferson Stock F | |

Explanation of Responses:

1. Payment of Medicare and income tax liability by withholding shares of stock from restricted shares previously granted under the issuer's Executive Incentive Compensation Plan. The reporting person continues to hold the restricted shares originally granted, less the amount of this required tax withholding.

/s/ Nina Huffman, Attorney-in-12/08/2014 **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.