FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|------------------|-------------------|---------------|------------------|

| ı | OMB APPRO | VAL | | | | |
|---|------------------------|-----------|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | |
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| | 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 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* JOHNSON DAVID WILLIS | | | | | 2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL] | | | | | | | | | ck all applic Directo | able) | g Pers | on(s) to Issi 10% Ov Other (s | vner | |
|--|--|--|---|---|--|------|-------------------|------|--|--------------|---|--|---|--|---|---|-------------------------------------|--|---------------------------------------|
| (Last) (First) (Middle) C/O COLGATE PALMOLIVE COMPANY | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/17/2009 | | | | | | | | | | below) | (give title | | below) | вреспу | |
| 300 PARK AVENUE | | | | 4. II | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) NEW YO | ORK N | Y | 10022 | | | | | | | | | | | X | | led by More | | rting Persor One Repor | I |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - Nor | -Deriv | ative | e Se | curitie | s Ac | quired, | Dis | posed o | f, or Be | nefi | icially | Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | Execution Date, | | Code (Instr. 5) | | | | 5. Amour Securitie Beneficia Owned F Reported | ies For ially (D) Following (I) (I | | orm: Direct) or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | Code | v | Amount | (A) o (D) | r _F | rice | Transacti (Instr. 3 a | ction(s) | | | (Instr. 4) | | |
| | 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 | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | n of | | 6. Date Exercisal Expiration Date (Month/Day/Year) | | Amount o | | of s ng e Security | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | s Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | c | Code | v | (A) | (D) | Date Exercisable | | Expiration Date | Title | or Nui of | mber ares | | | | | |
| Stock Option (Right to Buy) | \$61.1 | 02/17/2009 | | | A ⁽¹⁾ | | 4,000 | | 02/17/2010 | (2) |)2/17/2019 | Common Stock | 4, | 000 | \$0 | 4,000 | | D | |

Explanation of Responses:

- $1.\ Annual\ Stock\ Option\ granted\ under\ the\ 2005\ Colgate-Palmolive\ Company\ Non-Employee\ Director\ Stock\ Option\ Plan.$
- 2. Option becomes exercisable in one-third increments on each anniversary date, with the first third becoming exercisable on the date shown in this column.

Remarks:

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

02/19/2009

** 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.