FORM 4

obligations may continue. See

Instruction 1(b)

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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* Samuel Derrick E					2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL]								(Check	all app Dire	olicable) ctor		Owner		
(Last) (First) (Middle) COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 09/08/2008								X Officer (give title Other (specify below) Pres. Global Technology						
(Street) NEW YO			.0022 Zip)		4. If Amendment, Date of				of Original Filed (Month/Day/Year)					6. Indiv Line) X	,				
		Tabl	e I - No	on-Deriv	ative	Sec	uritie	s Ac	quired	d, Di	sposed o	f, or E	Benefi	cially	Own	ed			
1. Title of Security (Instr. 3)		2. Transac Date (Month/Da	e E nth/Day/Year) i		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a		nd 5) Secur Bene Owne		icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) o (D)	r Price	,		action(s) 3 and 4)		(Instr. 4)	
Common	Stock			09/08/2	2008				F ⁽¹⁾		322	D	\$7	9.25	2	27,206	D		
Common	Stock			09/09/2	2008				S ⁽²⁾		89	D	\$79	.1369	2	27,117	D		
Common	Stock															713	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 3. Transaction Date (Month/Day/Year)		if any	emed 4. ion Date, (Code (I /Day/Year) 8)			5. Number of		6. Date Exercisi Expiration Date (Month/Day/Yea		isable and te Amount of Securities Underlying Derivative Security (Instrand 4)		nt of ties ying tive ty (Instr.	Deri Sec (Ins	rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(0)	(D)	Date	abla	Expiration	Title	or Numbe of						

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. Samuel'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. Samuel's non-restricted holdings (i.e., shares held outright) of Colgate common stock.

Remarks:

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

09/10/2008

** 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.