FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

wasnington, D.C. 20549

OMB APPROVAL										

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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

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*						2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL]								(Check all ap		olicable) ctor	Person(s) to Issuer 10% Owner Other (specify		
(Last) (First) (Middle) COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 03/02/2009									X Officer (give title Other (below) VP-Global Supply Chain				
(Street) NEW YO			10022 Zip)		_ 4. If	Ame	ndment,	, Date o	ate of Original Filed (Month/Day/Year)						ndividual or Joint/Group Filing (Check Applicable E) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tabl	e I - No	on-Deriv	ative	Sec	curitie	s Ac	quired	l, Di	sposed o	f, or E	Benefic	ially	Owne	ed			
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day)						Execution			3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			and 5) Sec Ben Owr		icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) o (D)	Price			action(s) 3 and 4)		(111501.4)	
Common Stock 03/02/2					2009	009			F ⁽¹⁾		441	D	\$5	8.14		13,849	D		
Common Stock 03				03/03/	03/03/2009				S ⁽²⁾		131	D	\$57	57.6254		13,718	D		
Common Stock																6,945	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		Execution if any	3A. Deemed Execution Date, if any		4. Transaction Code (Instr. 8)		5. Number			isable and	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		8. P Deri Sec (Ins	vative urity tr. 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	(A)	(D)	Date Exercis	sable	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. Groener'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. Groener's non-restricted holdings (i.e., shares held outright) of Colgate common stock.

Remarks:

Nina D. Gillman by power of attorney

03/04/2009

** 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.