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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to |
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| 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

| OMB APPRC | VAL 3235-0287 | | | | | | | | |
|------------------------|------------------|--|--|--|--|--|--|--|--|
| OMB Number: 3235-0287 | | | | | | | | | |
| Estimated average burd | en | | | | | | | | |
| hours per response. | 05 | | | | | | | | |

| 1. Name and Addre Marsili Dani | 1 0 | Person* | 2. Issuer Name and Ticker or Trading Symbol <u>COLGATE PALMOLIVE CO</u> [CL] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (size title Other (seeity) |
|-----------------------------------|---------|------------|--|--|
| <i>(</i>) | (= | 06103 | 3. Date of Earliest Transaction (Month/Day/Year) | X Officer (give title Other (specify below) below) |
| (Last) | (First) | (Middle) | | Chief Human Resources Officer |
| C/O COLGATE-PALMOLIVE COMPANY | | /E COMPANY | 02/19/2019 | |
| 300 PARK AVE | ENUE | | | |
| | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable |
| | | | | Line) |
| (Street) | | | | X Form filed by One Reporting Person |
| NEW YORK NY 10022 | | | | |
| | | | — | Form filed by More than One Reporting Person |
| (City) | (State) | (Zip) | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Code (Instr. | | 4. Securities Disposed Of 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 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 | Transaction(s) (Instr. 3 and 4) | | (1130.4) |
| Common Stock | 02/19/2019 | | S ⁽¹⁾ | | 3,247 | D | \$66.3 | 55,496 | D | |
| Common Stock | | | | | | | | 29,784 | 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)

| (c.g., p | | | | | u13, U | ts, 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. Transa Code (8) | | of Ex | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. 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 | Title | Amount or Number of Shares | | | | |

Explanation of Responses:

1. Sale of shares with proceeds delivered to the issuer for payment of tax liability incident to vesting of a restricted stock unit award under the issuer's incentive compensation plan. This transaction was effected pursuant to a Rule 10b5-1 trading plan.

Remarks:

<u>/s/ Kristine Hutchinson,</u> <u>Attorney-in-Fact</u>

02/21/2019

** 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.