FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

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* Marsili Daniel B (Last) (First) (Middle) C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE						Suer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL] 3. Date of Earliest Transaction (Month/Day/Year) 08/15/2014								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) Sr.V.P. Global Human Resources						
(Street) NEW YORK NY 10022 (City) (State) (Zip)					-	If Amendment, Date of Original Filed (Month/Day/Year) tive Securities Acquired, Disposed of, or Beneficence.									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person Cially Owned					
1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/Y					tion	2A. D Exec if any	Deemed cution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			5. Amoui Securitie Beneficia		nt of es ally Following	6. Owners Form: Dir (D) or Ind (I) (Instr.	ect c rect E) (7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)	Price		Transac (Instr. 3					
Common Stock 08/15/202					2014	4		M ⁽¹⁾		15,500	A	\$39.7	76	90	,851	D				
Common Stock 08/15/202					2014	14			S ⁽²⁾		15,500	D	\$64.47	4701 ⁽³⁾ 7		,351	D			
Common Stock														25,291		I]	By ssuer's 401(k) Plan Trustee		
		-	Table I								sposed of, , convertil				wned					
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)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Dat		cisable and	7. Title and Amou of Securities Underlying Derivative Securit (Instr. 3 and 4)		nt 8. De	Price of crivative curity estr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owi For Dire or I (I) (I	ership n: ct (D) direct nstr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A) (I		Date Exerc	isable	Expiration Date	Title	Amour or Number of Shares	er						
Stock Option (Right to	\$39.76	08/15/2014			M ⁽²⁾	1 1 1 1		09/11/2011		09/11/2014	Common Stock 15,500		00 \$	0.0000	0.0000		D			

Explanation of Responses:

- 1. Exercise of stock options awarded under the issuer's employee stock option plan. This transaction was effected pursuant to a Rule 10b5-1 trading plan.
- 2. Sale of shares with a portion of the proceeds delivered to the issuer for payment of the exercise price of options under the issuer's employee stock option plan and the related tax withholding. This transaction was effected pursuant to a Rule 10b5-1 trading plan.
- 3. Weighted average price, as these shares were sold in multiple transactions at prices ranging from \$64.34 to \$64.66, inclusive. The reporting person undertakes to provide to the issuer, any security holder of the issuer, or the staff of the Securities and Exchange Commission, upon request, additional information regarding the number of shares sold at each separate price within the range set forth in this footnote.

/ Kristine Hutchinson,

08/19/2014

Attorney-in-Fact ** Signature of Reporting Person

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.