FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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*  Woodson Gregory P							2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [ CL ]								cable) or	g Pers	on(s) to Issu 10% Ow	ner	
	(Last) (First) (Middle) COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 08/13/2009								X Officer (give title below) Other (spe below)  VP-Chief Ethics & Compliance				
(Street) NEW YORK NY 10022						4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Application)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person											ı		
(City) (State) (Zip)														1 61301					
		Tab	le I - N	on-Deri	vativ	e Se	curi	ties Ac	quirec	l, Di	sposed o	f, or Be	neficial	ly Owned	l				
1. Title of Security (Instr. 3)  2. Transact Date (Month/Date)					r) E	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			Benefici	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Direct C	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			Instr. 4)	
Common Stock 08.					08/13/2009				<b>M</b> <sup>(1)</sup>		14,000	A	\$55.65	\$55.6563 44		,375 D			
Common Stock 08/				08/13	08/13/2009				<b>M</b> <sup>(1)</sup>		16,000	A	\$57.37	57.375 60,		375 D			
Common Stock 08/1				08/13	/2009				<b>F</b> <sup>(2)</sup>		25,975	D	\$72.0	\$72.03		00 D			
Common Stock 08/14/2				/2009	009			<b>S</b> <sup>(3)</sup>		644	D	\$71.77	33	,756	D				
Common Stock													7,	965		I 2	Sy Ssuer's 401(k) Plan Trustee		
		-	Table II								posed of, convertil			Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Exercise (Month/Day/Year) ice of rivative				iction Instr.			6. Date Exerci Expiration Da (Month/Day/Yo		ite	7. Title an of Securit Underlyin Derivative (Instr. 3 a	g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transaction (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amount or Number of Shares						
Stock Option (Right to Buy)	\$55.6563	08/13/2009						14,000	09/09/2	002	09/09/2009	Common Stock	14,000	\$0	0		D		
Stock Option (Right to Buy)	\$57.375	08/13/2009			M <sup>(1)</sup>			16,000	11/04/2	002	11/04/2009	Common Stock	16,000	\$0	0		D		

## **Explanation of Responses:**

- 1. Exercise of stock options awarded under the issuer's employee stock option plan.
- 2. The exercise price of the options and related withholding requirement was satisfied by the Company's withholding shares otherwise deliverable upon exercise of the options.
- 3. 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) incident to the exercise of the option under the issuer's employee stock option plan.

## Remarks:

Nina D. Gillman by power of

08/17/2009

attornev

\*\* 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.