SEC	Form	4
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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

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 APPROVAL
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1. Name and Address of Reporting Person*			2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL]		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
<u>COOK IAN M</u>				X	Director	10% Owner			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)	- x	Officer (give title below)	Other (specify below)			
C/O COLGATE-PALMOLIVE COMPANY			08/08/2018	Chairman & CEO					
300 PARK AVE	ENUE								
			4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indi	vidual or Joint/Group Filin	g (Check Applicable			
(Street)				Line)					
NEW YORK	NY	10022			Form filed by One Rep	oorting Person			
					Form filed by More that Person	an One Reporting			
(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)	3. Transaction Code (Instr. 8)					5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
			Code V		Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)		
Common Stock	08/07/2018		G ⁽¹⁾	v	14,917	D	\$0.0000	1,477,866 ⁽²⁾	D			
Common Stock	08/08/2018		M ⁽³⁾		800,000	A	\$52.27	2,277,866	D			
Common Stock	08/08/2018		F ⁽⁴⁾		712,210	D	\$66.59	1,565,656	D			
Common Stock								132,720	Ι	By 2017 GRAT		
Common Stock								120,931	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)

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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)		Derivative		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)	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		(Instr. 4)		
Stock Option (Right to Buy)	\$52.27	08/08/2018		M ⁽³⁾			800,000	(5)	09/13/2018	Common Stock	800,000	\$0.0000	0.0000	D	

Explanation of Responses:

1. Bona fide gift.

2. This amount includes (i) a payment of 152,009 shares upon maturation of the reporting person's 2016 GRAT on May 4, 2018 and (ii) an annuity payment of 145,250 shares by the 2017 GRAT on May 14, 2018. All such shares were previously reported as indirectly beneficially owned.

3. Exercise of stock options awarded under the issuer's employee stock option plan.

4. The exercise price of the options and related tax withholding requirement were satisfied by the Company's withholding shares otherwise deliverable upon exercise of the options.

5. Option became exercisable in one-third increments beginning on the first anniversary of the September 13, 2012 grant date.

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

<u>08/10/2018</u> Date

** Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 \ast 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.