FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	S IN BENEF	ICIAL O	WNERSH	IΡ

	OMB APPROVAL									
	OMB Number:	3235-0287								
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l	hours per response:	0.5								

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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* MARTIN RONALD T					2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL]									Check	all app	licable)		Person(s) to Issu 10% Owr Other (sp			
(Last) (First) (Middle) C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 02/24/2014									X	below) below) VP Global Soc. Responsibility						
(Street) NEW YORK NY 10022 (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Indiv ine) X	ridual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	le I - No	n-Deriv	ative	Se	curitie	es Acc	quired,	Dis	osed o	f, o	r Ben	efici	ally (Owne	ed				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution Date,		3. Transaction Code (Instr. 8) 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)				4 and Securities Beneficially Owned Followin		ities cially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership						
								Code	v	Amount (A) or (D)		Price	9	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common	Stock			02/24	/2014	2014		F ⁽¹⁾		1,719	1,719 D \$		\$63	1.95	10,567		D				
Common Stock															1	3,461	I		By Issuer's 401(k) Plan Trustee		
		Ta	able II - I (sed of, onvertib					vned					
1. Title of Derivative Security (Instr. 3)	rivative curity or Exercise (Month/Day/Year) str. 3) Date (Month/Day/Year) Price of Derivative Security Date (Month/Day/Year) (Month/Day/Year)		4. Transa Code (8)		5. Nu of Deriv Secu Acqu (A) o Disp of (D) (Inst and !	6. Date Expiration (Month/D	on Date	•	Amount of Securities Underlying Derivative Security (Instr. and 4)		ount	ıt r		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owne Form: Direct or Ind (I) (Ins	(D) rect	11. Nature of Indirect Beneficial Ownership (Instr. 4)				

Explanation of Responses:

1. Payment of tax liability by withholding shares from restricted stock units vesting under the issuer's Executive Incentive Compensation Plan.

/s/ Kristine Hutchinson, Attorney-in-Fact

02/26/2014

** 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.