| 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 |
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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 Number: | 3235-0287 | | | | | | | | | |
|------------------------|-----------|--|--|--|--|--|--|--|--|--|
| Estimated average burg | den | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | | |

| 1. Name and Address of Reporting Person [*] MOISON FRANCK J | | rson* | 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 (dive title Other (appeif) |
|---|----------------------------------|---------------------|---|---|
| (Last) C/O COLGATI 300 PARK AVI | (First) E-PALMOLIVE (ENUE | (Middle) COMPANY | 3. Date of Earliest Transaction (Month/Day/Year) 02/20/2014 | - X Officer (give title Other (specify below) below) COO Emerging Mkts.& Bus. Devt. |
| (Street) NEW YORK (City) | NY (State) | 10022 (Zip) | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person |

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. Transa Code (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 | 02/20/2014 | | A ⁽¹⁾ | | 12,265 | A | \$0.0000 | 172,423 | D | | |
| Common Stock | 02/20/2014 | | A ⁽²⁾ | | 512 | A | \$0.0000 | 172,935 | D | | |
| Common Stock | | | | | | | | 37,039 | I | By Issuer's 401(k) Plan Trustee | |
| Common Stock | | 1 | | | | | | 10 | I | By Son | |

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| L | | | | | | | | | | | | | | | |
|---|---|--|---|------------------------------|---|-----|-----|--|---|-------|---|--|--|--|--|
| 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 | | 6. Date Exerc Expiration Da (Month/Day/Y | 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. Restricted stock unit award granted under the Long-Term Global Growth Program of the issuer's Executive Incentive Compensation Plan.

2. Restricted stock unit award granted under the issuer's Executive Incentive Compensation Plan.

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

** Signature of Reporting Person Date

02/24/2014

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.