FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHAN	GES IN F	RENEEICIAI	OWNERSHIP
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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

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1. Name and Address of Reporting Person* <u>Verduin Patricia</u>					2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL]									tionship of Reporting all applicable) Director Officer (give title		g Person(s) to Issuer 10% Owner Other (specif		vner	
(Last) (First) (Middle) C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE					06/	3. Date of Earliest Transaction (Month/Day/Year) 06/15/2017								X	officer (give title Other (spe below) below) Chief Technology Officer				
(Street) NEW YO	ORK N	Y	10022		4. If Amendment, Date				e of Original Filed (Month/Day/Year)					6. Indiv Line) X	Form filed by One Form filed by More Person		e Reporting Persor		n
(City)	(S		(Zip)																
			le I - N						_	ed, D	isposed o			ially					
		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, ar) if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			Benefic Owned		es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code V		Amount	(A) or (D) Price		Reporte Transac (Instr. 3		tion(s)			(Instr. 4)
Common Stock (06/15/2	017			M ⁽¹⁾		3,833	A	\$45.23		53,022		D					
Common	Stock			06/15/2	017				S ⁽²⁾		3,833	D	\$75.67	⁷ 05 ⁽³⁾	³⁾ 49,189		D		
Common Stock														7,273		I	By Issuer's 401(k) Plan Trustee		
		٦	Table I								posed of , converti				wned				
Derivative Conversion D		Date Exec (Month/Day/Year) if any				5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		vative urities uired or oosed o)	6. Date Exer Expiration D (Month/Day/		ate	7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owner Form: Direct or Ind (I) (Ins	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	e V ((A)	(D)	Date Exercisable		Expiration Date	Title	Amou or Numb of Share	er					
Stock Option (Right to Buy)	\$45.23	06/15/2017			M ⁽¹⁾			3,833	(4	1)	09/08/2017	Commor Stock	3,83	3 \$	0.0000	7,666		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 \$75.52 to \$75.72, 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.
- 4. Option became exercisable in one-third increments beginning on the first anniversary of the September 8, 2011, grant date.

/s/ Nina Huffman, Attorney-in-06/19/2017 **Fact**

** 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.