FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPRO	OMB APPROVAL									
OMB Number:	3235-0287									
Estimated average bure	den									

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP hours per response: 0.5

					UI	Section	11 30(11	1) 01 1110	HIVESI	шеш с	Joinpany Act	01 1940							
1. Name ar Willian		2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL]									all applic Directo	or 10%			Owner				
	t) (First) (Middle) COLGATE-PALMOLIVE COMPANY PARK AVENUE					3. Date of Earliest Transaction (Month/Day/Year) 05/02/2014									Officer (give title below) VP Fin.&Stra		Other (spe below) at,Plan.Lat.Am.		респу
(Street) NEW Y(NEW YORK NY 10022				_ 4.	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					1
(- 9)	(-			lon-Deri	vativ	e Sec	uriti	es A	cauire	ed. D	isposed o	of, or Bo	enefic	ially	Owned				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y				tion	n 2A. Deemed Execution Date			3. Transa Code (8)	ction	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				5. Amou Securiti Benefici Owned	nount of 6. For ficially (D) ed Following (I)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount (A) or (D) Pric		Price	Reported Transaction(s) (Instr. 3 and 4)		tion(s)			(Instr. 4)
Common	Stock	2014	14			M ⁽¹⁾		56,000	A	\$39	.76 2		3,070		D				
Common	2014)14			S ⁽²⁾		56,000	D	\$67.2	469 ⁽³⁾	187,070			D					
Common Stock															79,631			I	By Issuer's 401(k) Plan Trustee
		-	Table I								sposed of, , converti				wned				
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)	ection	5. Number of		6. Dat		cisable and Date	7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		unt 8.	Derivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owners Form: Direct (or Indir (I) (Inst	Ownership	Beneficial Ownership ct (Instr. 4)
					Code	· V	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amou or Numl of Share	oer					
Stock Option (Right to Buy)	\$39.76	05/02/2014			M ⁽¹⁾			56,000	09/11	/2011	09/11/2014	Commor Stock	56,0	00	\$0.0000	0.0000)	D	

Explanation of Responses:

- 1. Exercise of stock options awarded under the issuer's employee stock option 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.
- 3. Weighted average price, as these shares were sold in multiple transactions at prices ranging from \$67.23 to \$67.3050, 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.

/s/ Kristine Hutchinson, Attorney-in-Fact

05/06/2014

** 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.