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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Corbo Michael							2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL]									of Reporting cable) or (give title	g Perso	on(s) to Issu 10% Ow Other (s	ner
(Last) (First) (Middle) C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 07/30/2013									X Officer (give title Other (specify below) VP, Global Supply Chain				
(Street) NEW YORK NY 10022 (City) (State) (Zip)					_ 4.	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group F Line) X Form filed by One F Person													
. , ,	`			lon-Deri	vativ	e Sec	curiti	ies A	cauire	ed. D	isposed o	of, or B	enefic	ially	Owned	<u> </u>			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/N					tion	2A. E Exec if any	Deemed	d Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			5. Amour Securitie Beneficia Owned F		int of es ially Following	Form:	Direct Control of the	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D) Price			Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)
Common Stock 07/30/20						13			M ⁽¹⁾		10,000	Α	\$36	.61	36	,138		D	
Common Stock 07/30/20					2013	13			S ⁽²⁾		10,000	D \$60.2094		094(3)	26	26,138		D	
Common Stock															49	,310		I Z	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)	Execution Date, if any		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expir (Mont	te Exer ation E th/Day/		7. Title and Amor of Securities Underlying Derivative Secur (Instr. 3 and 4)		D	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ily	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	Amou or Numb of Share	nber					
Stock Option (Right to	\$36.61	07/30/2013			M ⁽¹⁾			10,000	09/10)/2012	09/10/2015	Commo Stock	n 10,0	00	\$0.0000	20,000)	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 \$60.20 to \$60.235, 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/ Nina Huffman, Attorney-in-Fact

08/01/2013

** 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.