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

1. Name and Address of Reporting Person* TANGNEY MICHAEL J						2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					ner	
(Last) (First) (Middle) C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 08/10/2007								X	X Officer (give title below) Other (specify below) Exec VP Pres. Colgate Latin Am					
(Street) NEW YORK NY 10022					4. 1											ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S		(Zip) ole I - No	n-Deri	vativ	e Se	curit	ies Ac	auired.	Disi	nosed o	of, or Be	nefic	ially	Owned					
1. Title of Security (Instr. 3) 2. Trans Date (Month/I				saction	2 Ear) if	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transa Code (3. Transaction Code (Instr.		4. Securities Acquired (A)			5. Amou Securitie Beneficia Owned F	s Illy ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) o (D)	r Prio	e	Reported Transact (Instr. 3 a	tion(s)		[(Instr. 4)	
Common	08/1	08/10/2007						35,78	5 A	A \$60.02		400,775			D					
Common Stock					08/10/2007				F ⁽²⁾		1,251	l D	\$6	\$66.95		,524		D		
Common Stock 08/2					/10/2007				F ⁽³⁾		32,08	1 D \$66.95		367,443			D			
Common Stock 08/1					3/2007				S ⁽⁴⁾		370	D	\$6	6.64	367,	073 ⁽⁵⁾		D		
Common Stock															18,	445		I 4	By Issuer's 401(k) Plan Trustee	
		-	Table II -								osed of, onverti				Owned					
1. Title of Derivative Security (Instr. 3)	tive Conversion Date Execution Date ity or Exercise (Month/Day/Year) if any			Date,	ransaction Code (Instr.			n of		ercisa n Date ay/Yea		7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		5	3. Price of Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amou or Numb of Share	er						
Stock Option (Right to Buy)	\$60.02	08/10/2007			M ⁽¹⁾			35,785	08/06/200	01 0	09/11/2007	Common Stock	35,7	85	\$0	0		D		

Explanation of Responses:

- 1. Exercise of stock options awarded under the issuer's employee stock option plan.
- 2. Payment of tax liability by delivering or withholding shares of stock incident to the exercise of the option under the issuer's employee stock option plan.
- 3. Payment of exercise price of stock option by delivering or withholding shares of stock incident to the exercise of the option under the issuer's employee stock option plan.
- 4. Sale of shares (with proceeds delivered to the Company) for payment of tax liability above minimum required statutory withholding (but not in excess of full applicable statutory tax rates) incident to the exercise of the option under the issuer's employee stock option plan.
- 5. As a result of the reported transactions, the reporting person's Common Stock ownership has increased by 2,083 shares.

Remarks:

Nina D. Gillman by power of <u>attorney</u>

08/14/2007

** 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.