FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washi

ngton, D.C. 20549	OMB APPROVAL

- 1								
	OMB Number:	3235-0287						
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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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

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Name and Address of Reporting Person*  Cilleren Nine D						2. Issuer Name <b>and</b> Ticker or Trading Symbol COLGATE PALMOLIVE CO [ CL ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
<u>Gillman Nina D</u>												-				Direc	ctor	1	)% O	wner			
					-									_	X		er (give title			specify			
(Last)	(F	irst) (	Middle)					st Trans	action (M	lonth/	Day/Year)					belov	,		elow)				
COLGATE-PALMOLIVE COMPANY						12/02/2010									VP-Dep Gen Counsel & Asst Sec								
300 PARK AVENUE																							
SOU FARR AVENUE					4 If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6	6. Individual or Joint/Group Filing (Check Applicable								
								. II Amendinent, Date of Original Filed (Month/Day/Year)									Line)						
(Street)	NDIZ NI	<b>V</b> 7	10022												X Form filed by One Reporting Person								
NEW YO	ORK N	Y	10022													Form	n filed by Mor	re than One	Repo	orting			
,					1											Pers	on		-	-			
(City)	(S	tate) (	Zip)																				
		Tabl	e I - No	n-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, o	r Ben	efici	ally	Owne	ed						
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Day/Year) if a		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Code (Instr. 5)		rities Acquired (A) ed Of (D) (Instr. 3,			4 and		ount of ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
										v	Amount		(A) or (D)	Price	:	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)			
Common Stock 12/0					12/02/2010						86	86 D		\$77	'.76	6 13,039		D					
		Та									sed of,					vned							
			(	e.g., pu	uts, c	alis	s, warr	ants,	option	s, c	onvertib	ie s	securi	ties)									
Derivative Conversion Date Execution Date, or Exercise (Month/Day/Year) if any					Transaction Code (Instr.		n of l		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		Deri Secu	rivative curity str. 5)	9. Number o derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	D) ect	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	(A)		Date Exercisa		Expiration Date	Title	or Nu of	ount mber ares									

## **Explanation of Responses:**

1. Payment of Medicare and income tax liability by withholding shares of stock from restricted shares previously granted under the issuer's Executive Incentive Compensation Plan. The reporting person continues to hold the restricted shares originally granted, less the amount of this required tax withholding.

## Remarks:

Nina D. Gillman 12/06/2010

\*\* 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.