## 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*  HUSTON JOHN J  (Last) (First) (Middle)  C/O COLGATE-PALMOLIVE COMPANY  300 PARK AVENUE						Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [ CL ]  3. Date of Earliest Transaction (Month/Day/Year) 03/01/2010  4. If Amendment, Date of Original Filed (Month/Day/Year)								S. Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director						
(Street) NEW YO			10022										Line) X	Form filed by One Reporting Person  Form filed by More than One Reporting  Person						
(City)	(St		Zip)	on Deriv	ativo	Soc	uritio	- Λ C	auirod	L Did	enosed o	f or E	enefic	vially	Οννη					
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an				5. Amount of		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) 01 (D)	Price		Trans	action(s) 3 and 4)	(Instr. 4)			
Common	non Stock 03/01/2			2010	010			F <sup>(1)</sup>		550	D	\$8	3.79	79 37,993		D				
Common	Stock			03/02/2	2010				<b>S</b> <sup>(2)</sup>		159	D	\$83	.7756	3	37,834	D			
Common Stock															2,503	I	By Issuer's 401(k) Plan Trustee			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative Security (Instr. 3)	Title of 2. 3. Transaction 3A. Deemed Execution Date Execution Date, or Exercise (Month/Day/Year) if any			ransaction		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Exerc ion Da /Day/Y	sable and te Amount of Securities Underlying Derivative Security (Ins and 4)		it of ies ying iive	8. Price Derivative Security (Instr. 5)		derivative Securities	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Number of Shares							

# **Explanation of Responses:**

- 1. Payment of tax liability by withholding shares of stock from award of restricted shares vesting under the issuer's stockholder-approved Executive Incentive Compensation Plan. The overall net effect of the vesting of restricted shares, after the withholding and sale of shares to pay income taxes associated with such vesting reported on this Form, was to increase Mr. Huston's non-restricted holdings (i.e., common shares held outright) of Colgate stock.
- 2. 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) resulting from vesting of award of restricted shares under the Company's stockholder-approved Executive Incentive Compensation Plan. The overall net effect of the vesting of restricted shares, after the withholding and sale of shares to pay income taxes associated with such vesting reported on this Form, was to increase Mr. Huston's non-restricted holdings (i.e., shares held outright) of Colgate common stock.

## Remarks:

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

03/03/2010

\*\* 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.