FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| /ashington, | D.C. 20549 | |
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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

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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* Newman Brian | | | | | | 2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL] | | | | | | | | 5. Relationship of Reporting Person(s) to I (Check all applicable) Director 10% C | | | | | |
|--|--|------------------|---------------|---|--|--|---------------------------------|--|--|--|--------------------|---|--|--|--------|--|--|----------|------------|
| (Last) | , | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/01/2024 | | | | | | | | | | er (give title | | Other (s | |
| | LGATE-PA K AVENU | LMOLIVE CON E | //PANY | 7 | 4. If A | Amend | ment, | Date o | of Origina | al File | d (Month/Da | y/Year) | | Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person | | | | | |
| (Street) NEW Y | Street) NEW YORK NY 10022 | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (2 | Zip) | | | JIE 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | nded to | | | |
| | | Table | I - No | n-Deriva | tive S | Secu | rities | Acq | uired, | Dis | posed of | , or E | Benefic | ially | Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | y/Year) Execu | | Deemed cution Date, y nth/Day/Year) | | 3. 4. Securitie Disposed C C S) | | s Acquired (A) or of (D) (Instr. 3, 4 and | | r and | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | | | (A) (D) | or Price | , | Transa | saction(s) r. 3 and 4) | | | (Instr. 4) |
| Common | Stock | | | 07/01/2 | 2024 | | | | A ⁽¹⁾ | | 196 | A | \$95 | .61 | 2 | ,004 | 04 D | | |
| Common Stock | | | | | | | | | | | 2 | | 36 | | I | By Family Trust | | | |
| 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) | ative Conversion Date Execution Date, rity or Exercise (Month/Day/Year) if any | | ion Date, | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Insti 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code | | v | | | | | Expiration Date | Title | Amount or Number of Shares | er | | | | | |

Explanation of Responses:

1. Portion of annual cash retainer deferred to a stock unit account pursuant to the Deferred Compensation Plan for Non-Employee Directors.

/s/ Kristine Hutchinson, 07/03/2024 Attorney-in-Fact

** 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.