FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1/h)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average burden										
hours nor resnance	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* THOMPSON DELIA H					COLGATE PALMOLIVE CO [CL]								neck all appl Direct	cable)	ig Pers	10% Owner Other (specify		
	,	LMOLIVE CON	(Middle) MPANY		08	3. Date of Earliest Transaction (Month/Day/Year) 08/11/2011									below) below) SrVP Investor Relations			
(Street) NEW YORK NY 10022				_ 4.	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person											1		
(City)	(S	tate)	(Zip)															
			ole I - No						_	l, Di	sposed o	-		-		1		
1. Title of Security (Instr. 3)		2. Transa Date (Month/D		r) E	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a			Benefic Owned	ies ially Following	Form: (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price	Reporte Transa (Instr. 3	ction(s)			Instr. 4)	
Common Stock		08/11/2011					M ⁽¹⁾		11,000	A	\$56.6	75 66	5,362		D			
Common	Common Stock		08/11/2011					M ⁽¹⁾		16,000	A	\$53.4	55 82	,362		D		
Common Stock			08/11/2011					F ⁽²⁾		20,662	D	\$84.1	7 61	,700		D		
Common	Stock			08/12	/2011				S ⁽³⁾		943	D	\$85.04	41 60	60,757		D	
Common Stock												8	,627	I		By Issuer's 401(k) Plan Trustee		
		-	Table II								posed of, converti			/ Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transacti Code (Ins 8)		5. Number of		6. Date Exercis Expiration Dat (Month/Day/Ye		ite	7. Title and Amor of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s Illy	10. 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	Amount or Number of Shares					
Stock Option (Right to Buy)	\$56.675	08/11/2011			M ⁽¹⁾			11,000	09/17/2	:004	09/17/2011	Common Stock	11,000	\$0	0		D	
Stock Option (Right to Buy)	\$53.455	08/11/2011			M ⁽¹⁾			16,000	09/08/2	:008	09/08/2011	Common Stock	16,000	\$0	0		D	

Explanation of Responses:

- 1. Exercise of stock options awarded under the issuer's employee stock option plan.
- 2. The exercise price of the options and related withholding requirement was satisfied by the Company's withholding shares otherwise deliverable upon exercise of the options.
- 3. 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.

Remarks:

Joyce McCarthy by power of

08/15/2011

attornev

** 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.