FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-028									

37 Estimated average burden hours per response: 0.5

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					OI 3	Secu	1011 30(11) or the	invesum	ent Co	ompany Act	01 1940						
1. Name and Address of Reporting Person* HICKEY DENNIS J						2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL]								(Checl	k all app Dired	olicable)		Issuer Owner r (specify
(Last) (First) (Middle) C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 03/01/2010								below)			below) ate Controller	
(Street) NEW YC			10022 Zip)		_ 4. If	4. If Amendment, Date of Original Filed (Month								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tabl	e I - No	on-Deriv	/ative	Se	curiti	es Ac	quired	d, Di	sposed o	f, or E	Benefic	cially	Owne	ed		
Date			Date	ransaction e onth/Day/Year)		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			nd 5) Securition Benefici Owned I		rities ficially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common Stock 03				03/01/	1/2010				F ⁽¹⁾		792	D	\$8	3.79	112,783		D	
Common Stock 03/			03/02/	/2010				S ⁽²⁾		228	D	\$83	.7756	1	12,555	D		
Common Stock																3,749	I	By Issuer's 401(k) Plan Trustee
		Та	ble II -								osed of, convertib				wned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Date Exe (Month/Day/Year) if a	3A. Dee Execution if any (Month/			Transaction Code (Instr.				Exerc tion Da l/Day/Y		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		Deri Sec (Ins	rice of ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A) (D)		Date Exercisable		Expiration Date	or Number of Title 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. Hickey'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. Hickey'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.