FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL											
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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).

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

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Name and Address of Reporting Person* Verduin Patricia						2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL]										Check all D	appl irect	icable)	g Per	p Person(s) to Issuer 10% Owner Other (specify		
	(Fi	3. Date of Earliest Transaction (Month/Day/Year) 12/01/2016												elow) ``	below) nology Officer						
300 PARK AVENUE (Street) NEW YORK NY 10022						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						
(City)	(S	tate) (Zip)			Person .																
		Tabl	e I - Noi	n-Deriv	ative	Se	ecuri	ties A	cqı	uired,	Dis	posed o	f, oı	r Ben	efici	ally Ov	vne	d				
Date				Date				2A. Deemed Execution Date, if any (Month/Day/Year)				Disposed	1. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			4 and Secur Benef Owne		ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
		Code	v	Amount						(A) or (D)		Price	ੑ Tra	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)				
Common Stock 12/0					/2016	5				F ⁽¹⁾		222		D	\$65	5.08	50,957			D		
Common Stock																	7,	,014		I	By Issuer's 401(k) Plan Trustee	
		Та										sed of, onvertib					ed			·		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		on of cr. De Se Ac (A Di of	n of		6. Date E: Expiration Month/D	n Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		nstr. 3	8. Price Derivati Security (Instr. 5)	ve	9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	F C O (I	DO. Dwnership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
	Code				v	(A) (D)		Date Exercisal		Expiration Date	Title	or Nu of	nount 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:

/s/ Kristine Hutchinson, 12/05/2016 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.