FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, [D.C.	20549
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
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					or	Sectio	n 30(h) (or the	investmer	it Co	mpany Act	ot 1940							
1. Name and Address of Reporting Person* CAHILLANE STEVEN A						2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
CHITELY RESTEVEN A					\vdash									X Direct	or		10% Ov	vner	
(Last)	(F	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/13/2024								Office	(give title		Other (s below)	specify	
C/O COLGATE-PALMOLIVE COMPANY				4.1	If Amendment, Date of Original Filed (Month/Day/Year)							6.	6. Individual or Joint/Group Filing (Check Applicable						
300 PAR	K AVENU	Е			"		,		· · · · · · · · · · · · · · · · ·		- (- ,,	Lin				, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
					-									X Form	filed by One	e Rep	orting Perso	n	
(Street) NEW YO	ORK N	Y	10022											Form Perso		re thai	n One Repo	rting	
					- Rı	Rule 10b5-1(c) Transaction Indication													
(City)	(S	tate)	(Zip)																
,	·	,	,			Check satisf	k this box y the affir	to indi mative	icate that a defense co	trans onditio	action was rons of Rule	made pursua 10b5-1(c). S	ant to a cor ee Instruct	tract, instructi on 10.	on or written	plan t	hat is intende	d to	
		Tab	le I - No	n-Deriv	vative	Sec	uritie	s Ac	quired,	Dis	posed o	of, or Be	neficia	lly Owne	d				
1. Title of Security (Instr. 3) 2. Transat Date (Month/Date)				Execution I		recution Date, any		Transaction Disposed Code (Instr.		ities Acquired (A) o d Of (D) (Instr. 3, 4 a		Benefic Owned	es ially Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	ount (A) or P		Reporte Transac (Instr. 3	tion(s)			(Instr. 4)		
Common Stock			05/13	3/2024	A ⁽¹⁾ 1,905 A \$		\$0.00	00 4	4,719		D								
		Т	able II -									, or Ben ble secเ		/ Owned					
4 Title of	2.	2 Turneration	3A. Deem				_	_						8. Price of	O Numba		40	44 Natura	
1. Title of Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution if any (Month/D	Date, Trans			of E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)		Date Exercisab		Expiration Date	Title	Amount or Number of Shares						
Stock Option (Right to	\$94.46	05/13/2024			A ⁽²⁾		2,201		(3)	1	05/13/2032	Common Stock	2,201	\$0.0000	2,201		D		

Explanation of Responses:

1. Annual director stock grant under the issuer's incentive compensation plan.

- 2. Annual director stock option grant under the issuer's incentive compensation plan.
- 3. Option becomes exercisable in equal annual installments over three years beginning on the first anniversary of the May 13, 2024 grant date.

/s/ Kristine Hutchinson, Attorney-in-Fact

05/15/2024

** Signature of Reporting Person

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.