FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 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* HICKEY DENNIS J (Last) (First) (Middle) C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE (Street) NEW YORK NY 10022					3. D 12/	Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL] In the second									S. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director					
(City)	(St	ate) (Zip)													Pers	n filed by Mor on	re ma	и Опе кер	orung
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
Date			Date	2. Transaction Date (Month/Day/Year) 2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transa Code (8)		ecurities Acquired (A) posed Of (D) (Instr. 3, 4					ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount		(A) or (D)	Pric	е	Transaction(s) (Instr. 3 and 4)				(111501. 4)
Common	Stock			12/01	12/01/2016				F ⁽¹⁾		580	\neg	D	\$6	5.08	3	87,109		D	
Common Stock															54,914			I	By Issuer's 401(k) Plan Trustee	
	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	ay/Year)	4. Transa Code (8)		5. Nu of Deriv Secul Acqu (A) on Dispc of (D) (Instr and 5	ative rities ired osed	6. Date E Expiratio (Month/D	n Date	е	Am Sec Und Der	Am or Nu of				9. Number of derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4)	F C C	10. Ownership Forect (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

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.