### FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549	OMB APPROVAL		
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-02	

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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 or Section 30(h) of the Investment Company Act of 1940

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1. Name and Address of Reporting Person* <u>HUSTON JOHN J</u>						2. Issuer Name <b>and</b> Ticker or Trading Symbol COLGATE PALMOLIVE CO [ CL ]									tionship of Reporting Person(s) to Issuer all applicable)  Director 10% Owner  Officer (cive title Check Specify)				ner
	•	LMOLIVE CON	(Middle)			3. Date of Earliest Tran 02/10/2017				(Mon	th/Day/Year)			X	Officer (give title below) Other (spec below)  SVP, Chief of Staff				респу
(Street) NEW YORK NY 10022				_   4.	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv Line) X						
(City)	(S	tate)	(Zip)																
		Tab	le I - N	Non-Deri	ivativ	e Sed	curit	ies A	cquire	ed, D	isposed o	f, or B	enefic	ially	Owned				
		2. Transac Date (Month/Da		Execution Date,		ecution Date, any		ction Instr.	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an		(A) or 3, 4 and	5)	Securiti Benefici	Securities Beneficially Owned Following		: Direct   C Indirect   E str. 4)   C	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D) Price			Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock			02/10/2017				M <sup>(1)</sup>		14,000	A	\$45.23		102,718		D				
Common	Stock			02/10/2	2017				<b>S</b> <sup>(2)</sup>		14,000	D	\$66.64	428 <sup>(3)</sup>	88	,718		D	
Common Stock														34,991			I 2	Sy Ssuer's 401(k) Plan Trustee	
		-	Γable Ι								sposed of, , converti				wned				
Derivative Conversion Date Execuserity or Exercise (Month/Day/Year) if any		if any	emed 4. tion Date, Tra		ansaction		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			cisable and Date	7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		unt 8.		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owner Form: Direct or Ind (I) (Ins	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amou or Numb of Share	oer					
Stock Option (Right to	\$45.23	02/10/2017			M <sup>(1)</sup>			14,000	(	4)	09/07/2017	Common Stock	<sup>n</sup> 14,0	00	\$0	28,000	)	D	

#### **Explanation of Responses:**

- 1. Exercise of stock options awarded under the issuer's employee stock option plan. This transaction was effected pursuant to a Rule 10b5-1 trading plan.
- 2. Sale of shares with a portion of the proceeds delivered to the issuer for payment of the exercise price of options under the issuer's employee stock option plan and the related tax withholding. This transaction was effected pursuant to a Rule 10b5-1 trading plan.
- 3. Weighted average price, as these shares were sold in multiple transactions at prices ranging from \$66.47 to \$66.77, inclusive. The reporting person undertakes to provide to the issuer, any security holder of the issuer, or the staff of the Securities and Exchange Commission, upon request, additional information regarding the number of shares sold at each separate price within the range set forth in this footnote.
- 4. Option became exercisable in one-third increments beginning on the first anniversary of the September 8, 2011 grant date.

# Remarks:

/s/ Kristine Hutchinson, 02/14/2017 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.