FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPROVAL | | | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | | |
| l | Estimated average burden | | | | | | | | | | |
| l | 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 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* BILBREY JOHN P | | | | | | 2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL] | | | | | | | | | 5. Relationship of Reportin (Check all applicable) X Director | | | ng Person(s) to Issuer 10% Owner | | |
|---|--|--|--|-------|---------------------------------|---|-------|--------------------------------------|--|-----|---|---|-----------------|----------------------|--|------------------------------|--|--|--|--|
| | GATE-PA | LMOLIVE COM | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/02/2018 | | | | | | | | | | ficer (give title rlow) | | Other (specify below) | | |
| 300 PARK AVENUE | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) NEW YORK NY 10022 | | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | Execution Date, | | Transaction Disposed Code (Instr. 5) | | | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | nd Sec Bei Ow | amount of curities neficially ned Following ported | Forr (D) | Ownership m: Direct or Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | (| A) or D) | Price | Tra | nsaction(s) str. 3 and 4) | | | (111501. 4) | |
| Common Stock 04/02/2 | | | | | 2/2018 | 2018 | | A ⁽¹⁾ | | 232 | | A | \$69 | 0.83 | 5,465 | | D | | | |
| Common Stock | | | | | | | | | | | | | | | | 4,719(2) | | I | By Trust | |
| | 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 | Date, | Date, Transaction Code (Inst | | on of | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | 8. Price Derivative Security (Instr. 5) | derivative Securities | Owr Forr Dire or Ir (I) (I | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nur of | ount nber ıres | | | | | | |

Explanation of Responses:

- 1. Portion of annual cash retainer deferred to a stock unit account pursuant to the Deferred Compensation Plan for Non-Employee Directors.
- 2. These shares were previously reported as directly beneficially owned.

/s/ Kristine Hutchinson, Attorney-in-Fact

04/03/2018

** 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.