## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL
OMB Number:	3235-0287
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0.5

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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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1. Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol  COLGATE PALMOLIVE CO [ CL ]									5. Relationship of Reporting (Check all applicable) Director  Officer (give title			g Person(s) to Issuer  10% Owner  Other (specify		
(Last) (First) (Middle) C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 12/03/2015													v) .
(Street) NEW YO	ORK N	<b>Y</b> 1	10022		4. If	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		Zip)			_													
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		Execution Date,		3. Tran Code	3. 4. Securit Transaction Code (Instr. 5)		of, or Benefic ities Acquired (A) of d Of (D) (Instr. 3, 4			r 5. Amount of		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
								Code	v	Amount	Amount		Pric	Trans		action(s) 3 and 4)			
Common Stock			12/03	3/2015				F <sup>(1)</sup>		124	124		\$6	5.58 4		1,162	D		
Common Stock												4,170		I	By Issuer's 401(k) Plan Trustee				
		Та									osed of, convertib					/ned			
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  3. Transaction Date (Month/Day/Year) if any (Month/Day/Year) (Month/Day/Year)		Date,	Date, Transaction Code (Instr.		on of l		Expirat	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		of s ng e (Instr. 3	8. Pri Deriv Secu (Instr	ative rity	derivative Securities	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
							Date Exercis	able	Expiration Date			lumber f							

## 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, Attorney-in-Fact 12/07/2015

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.