FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
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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(h)

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* <u>Skala Justin</u>					2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL]										(Check	all app Dired	olicable)	g Person(s) to Is		Owner	
	,	LMOLIVE COM	Middle) IPANY				of Earlies 1018	st Trans	saction (Month/Day/Year)						X	belov	N) .	Other (s below) Gwth&Strtgy (·	
(Street) NEW YORK NY 10022 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	e I - No	n-Deriva	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, o	r Ber	nefic	ially	Owne	ed				
			2. Transaction Date (Month/Day/Year)		r) E	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.						4 and Secu Bene Own		icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	Amount (A) or (D)		Pri	ce	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock 12				12/06/	06/2018				F ⁽¹⁾		292		D	\$6	3.23	75	5,306.5		D		
Common	Stock														70,000 I				I	By GRAT	
Common Stock															61,690			I	By Issuer's 401(k) Plan Trustee		
		Ta									sed of, onvertib					wned			,		
Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any					5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			6. Date E Expiratio (Month/D	n Date	Amount of		Deri Sec (Ins:	rice of vative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Or Fo Di or (I)	0. wnership orm: irect (D) r Indirect) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
				,	Code	v	(A)		Date Exercisa		Expiration Date	Title	of								

Explanation of Responses:

1. Payment of Medicare and income tax liability by withholding shares of stock from restricted stock units previously granted under the issuer's incentive compensation plan. The reporting person continues to hold the restricted stock units originally granted, less the amount of this required tax withholding.

/s/ Kristine Hutchinson, Attorney-in-Fact 12/10/2018

** 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.