FORM 5

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Machinaton | $D \subset$ | 205/10 |
|-------------|-------------|--------|
| Washington, | D.C. | 20549 |

| \sim \sim | ~ 114 | NOF | | _ |
|-------------------|--------------|-----|------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| OMB APPR | ROVAL |
|----------------------|-----------|
| OMB Number: | 3235-0362 |
| Estimated average bu | ırden |
| hours per response: | 1.0 |

Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b) Form 3 Holdings Reported.

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

| Form 4 | Transactions F | Reported. | File | ed pursuant to or Section | | | | | ities Excha ompany Ac | | | | | | | | |
|---|---|---|--|---|--|-----------------------------------|-------|--|---|--------------------|---|--|---|----|---|---------------------------------------|--------------|
| 1. Name and Address of Reporting Person* <u>HENDRY ANDREW D</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | Owner | |
| (Last) C/O COL 300 PARI | | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2013 | | | | | | | X Officer (give title Other (specify below) Chief Legal Officer &Secretary | | | | | | | | |
| (Street) NEW YORK NY 10022 | | | | 4. If Amen | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | · . | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (St | | Zip) | | | | | | | | | | | | | | |
| 1. Title of Se | curity (Instr. 3 | | e I - Non-Deriv | 2A. Deemed | | S AC | quire | | - | - | or Dispose | | 5. Amou | | 6. | | 7. Nature of |
| | | | Date (Month/Day/Year) | Execution Date, if any (Month/Day/Year) | | Transaction Code (Instr. 8) | | | | Securit Benefic | | | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | Indirect Beneficial Ownership | | |
| | | | | (Monthin Day/ Tear) | | 0) | | | | (A) or (D) | Price | | | | Issuer's Fiscal Year (Instr. 3 and 4) | | (Instr. 4) |
| Common Stock | | 12/26/2013 | | G | | | 4,000 | | D | \$0.0000 | | 188 | 188,093 | | D | | |
| Common Stock | | | | | | | | | | | | | 5,088 | | I | By Issuer's 401(k) Plan Trustee | |
| Common | Stock | | | | | | | | | | | 7,522 I By Sor | | | | By Son ⁽¹⁾ | |
| Common Stock | | | | | | | | | | | | 1,544 | | I | | By Spouse ⁽¹⁾ | |
| | | Та | ble II - Derivat (e.g., p | ive Secur uts, calls, | | | | | | | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | Year) Execution Date, if any (Month/Day/Year) Transaction Code (Instr. 8) Derivation Securiti Acquire (A) or Dispose of (D) (Instr. 3 and 5) | | ative rities ired osed | Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | De Se (In | 8. Price of Derivative Security (Instr. 5) 9. Number derivative Securitive Beneficia Owned Following Reported Transacti (Instr. 4) | | ly | 10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

1. The reporting person disclaims beneficial ownership of these securities, and this report shall not be deemed an admission that the reporting person is the beneficial owner of such securities for purposes of Section 16 or for any other purpose.

/s/ Kristine Hutchinson, 02/14/2014 Attorney-in-Fact

** 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.