FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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>HENDRY ANDREW D</u>						2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL]								Check	all applic Directo	able) r	g Pers	10% Ow	ner	
(Last) (First) (Middle) C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE						3. Date of Earliest Transaction (Month/Day/Year) 08/07/2012								X	below)	(give title Other (spe below) Legal Officer &Secretary				
(Street) NEW YORK NY 10022					_ 4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Apine) X Form filed by One Reporting Person Form filed by More than One Repo				ı	
(City)	(S	tate)	(Zip)																	
		Tab	le I - No	1		_			_	Disp	1	f, or Ber								
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da					Exe) if ar	Deemed ecution Date, ny onth/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)		ed (A) or tr. 3, 4 a	nd	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	. 1	Reported Transact (Instr. 3 a	ion(s)			Instr. 4)	
Common Stock 08/07/					7/2012				M ⁽¹⁾⁽³⁾		2,000	0 A \$.15	118,255		D			
Common Stock 08/0				7/2012				S ⁽²⁾⁽³⁾		2,000	D	\$10	6.6	116	,255	D				
Common Stock 08/07				7/2012	2012			S ⁽³⁾		1,000	D	\$10	6.4	115,255		D				
Common Stock														3,761			I I	By Son ⁽⁴⁾		
Common Stock													749				By Spouse ⁽⁴⁾			
Common Stock															1,312			I 4	Sy Ssuer's 401(k) Plan Trustee	
		٦	Гable II -									or Bene ole secu			vned					
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,	4. Transac Code (In 8)		n of l		6. Date Exercisa Expiration Date (Month/Day/Yea		.	7. Title and Amount of Securities Underlying Derivative (Instr. 3 ar	f g Securit	De Se (In	Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Exercisab		xpiration ate	Title	Amour or Number of Shares	er						
Stock Option (Right to Buy)	\$68.15	08/07/2012			M ⁽¹⁾⁽³⁾			2,000	09/12/201	0 0	9/12/2013	Common Stock	2,000	0	\$0	40,000)	D		

Explanation of Responses:

- 1. Exercise of stock options awarded under the issuer's employee stock option 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.
- 3. This transaction was effected pursuant to a Rule 10b5-1 trading plan.
- 4. 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.

Remarks:

Joyce McCarthy by power of attorney

08/08/2012

** 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.