COLGATE PALMOLIVE CO

Form 4

Common

Common

Stock

Stock

12/03/2015

December 07, 2015

FORM 4

FORM	N 41								OIVID AI	THOVAL	
FORM	UNITE	D STATE		RITIES And Shington,			E COMMIS	SION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. STATEMENT OF CHANGES IN BENEFICIAL O SECURITIES						WNERSHII	P OF	Expires: Estimated a			
Form 4 c Form 5 obligatio may con See Instr 1(b).	Filed pons Section 1	7(a) of the	Public U	6(a) of the	e Securiti	pany Act	nge Act of 1 of 1935 or 9		burden houi response	rs per 0.£	
(Print or Type	Responses)										
Name and Address of Reporting Person * Verduin Patricia (Last) (First) (Middle)			2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL]			Issuer	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
			3. Date of Earliest Transaction								•
C/O COLG	ATE-PALMO 7, 300 PARK A	LIVE	(Month/D 12/03/2	ay/Year)	angueron		Direction D	cer (give		Owner or (specify	
Fil				4. If Amendment, Date Original Filed(Month/Day/Year)			Applicable L _X_ Form f	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
NEW YOR	K, NY 10022						Person	icu by Mi	ore man one ke	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	ecurities A	acquired, Disp	osed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction I (Month/Day/Ye	ar) Execution	med on Date, if Day/Year)	3. Transactio Code (Instr. 8)	n(A) or Dis (Instr. 3, 4	-	O) Securities Beneficial Owned Following Reported Transactio	lly g on(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		

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

 $F^{(1)}$

150

D

65.58

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02) required to respond unless the form displays a currently valid OMB control number.

48,068

6,630

D

I

By Issuer's

401(k)

Plan Trustee

OMB APPROVAL

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date		4.	5.	6. Date Exer		7. Title		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secur
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable	*	Title Number	Number		
						Excicisable Date		of			
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Verduin Patricia C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE			Chief Technology				

Signatures

NEW YORK, NY 10022

/s/ Kristine Hutchinson, 12/07/2015 Attorney-in-Fact

> **Signature of Reporting Person Date

Explanation of Responses:

- 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).

Payment of Medicare and income tax liability by withholding shares of stock from restricted shares previously granted under the issuer's (1) Executive Incentive Compensation Plan. The reporting person continues to hold the restricted shares originally granted, less the amount of this required tax withholding.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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