

COLGATE PALMOLIVE CO

Reported by MARSILI DANIEL B

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 12/11/17 for the Period Ending 12/07/17

Address 300 PARK AVE

NEW YORK, NY, 10022

Telephone 2123102000

CIK 0000021665

Symbol CL

SIC Code 2844 - Perfumes, Cosmetics and Other Toilet Preparations

Industry Personal Products

Sector Consumer Non-Cyclicals

Fiscal Year 12/31



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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 *					2.	2. Issuer Name and Ticker or Trading Symbol							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Marsili Daniel B					C	COLGATE PALMOLIVE CO [CL]								,				
(Last) (First) (Middle)				3.	3. Date of Earliest Transaction (MM/DD/YYYY)							Director10% Owner						
C/O COLGATE-PALMOLIVE					12/7/2017							Chief Human Resources Officer						
COMPANY	7, 300 P	ARK	AVEN	IUE														
(Street)				4.	4. If Amendment, Date Original Filed (MM/DD/YYYY)							6. Individual or Joint/Group Filing (Check Applicable Line)						
NEW YORK, NY 10022												_ X _ Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)											Total filed by More than One reporting Ferson							
			Ta	able I - I	Non-De	erivat	ive Sec	curities A	cau	ired. Di	sposed (of, or	Ber	neficially Owne	d			
1. Title of Security (Instr. 3)	2. Trans			ns. Date		eemed	3. Trans. Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		or	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		6. Ownership Form:	Beneficial			
								Code	V	Amount	(A) or (D)	Price	e				or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock 12/7/2017				2017			F (1)		383.0000	D	\$73.20	00	599	984.0000		D		
Common Stock													28645.0000			I	By Issuer's 401(k) Plan Trustee	
	Т	able Il	- Deriva	itive Sec	urities	Bene	eficially	y Owned	(e.g	, puts,	calls, w	arrai	nts,	options, conve	rtible sec	eurities)		
1. Title of Derivate Security (Instr. 3)	Conversion or Exercise Price of Derivative	•	e Ex	3A. Deemed Execution Date, if any			Derivat Acquire Dispose	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date				Underlying Security	Derivative de Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following	Ownership Form of Derivative Security:	Beneficial
	Security				Code	v	(A)	(D)	Da Ex	ate tercisable	Expiratior Date	Title	Ame	ount or Number of ares		Reported Transaction(s) (Instr. 4)	Direct (D) or Indirect (I) (Instr. 4)	

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.

Reporting Owners

Reporting Owner Name / Address	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
Marsili Daniel B C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE NEW YORK, NY 10022			Chief Human Resources Officer						

Signatures

/s/ Kristine Hutchinson, Attorney-in-Fact

**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 control number.