#### THOMPSON DELIA H

Form 4

December 06, 2010

<b>FOF</b>	RM	4	T
------------	----	---	---

Check this box

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

**OMB APPROVAL** OMB

Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average burden hours per

response...

if no longer subject to Section 16. Form 4 or Form 5

obligations may continue. See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

	1. Name and Address of Reporting Person * 2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL]			5. Relationship of Reporting Person(s) to Issuer						
(Last)	(First)	(Middle)		3. Date of Earliest Transaction			(Check all applicable)			
(Last)	(1 1131)	(Wilduic)	(Month/D		ansaction			Director	10%	Owner
	ATE-PALMOL ′, 300 PARK A		12/02/20	12/02/2010			_X_ Officer (give title Other (specify below)  VP, Investor Relations			
	(Street)		4. If Ame	ndment, Da	te Origina	1		6. Individual or Jo	oint/Group Filir	ng(Check
			Filed(Mor	th/Day/Year	)			Applicable Line)	On a Donoutin a Do	
NEW YOR	K, NY 10022							_X_ Form filed by N Form filed by N Person	More than One Re	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	rities Acq	uired, Disposed o	f, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	r) Execution	med on Date, if Day/Year)	3. Transactio Code (Instr. 8)	4. Securi on(A) or D (Instr. 3,	ispose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	
				Code V	Amount	(D)	Price	(Instr. 3 and 4)		
Common Stock	12/02/2010			F(1)	79	D	\$ 77.76	51,350	D	
Common Stock								2,306	I	By Issuer's 401(k) Plan Trustee
D ' 1 D		C 1	1 6	1 6		1 1		r a		

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

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.

### Edgar Filing: THOMPSON DELIA H - Form 4

#### 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	Date	Title	Number		
						Excicisable	Date		of		
				Code V	(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
. 8	Director	10% Owner	Officer	Other		
THOMPSON DELIA H C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE NEW YORK, NY 10022			VP, Investor Relations			

# **Signatures**

Nina D. Gillman by power of 12/06/2010 attorney

\*\*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.

Reporting Owners 2