COLGATE PALMOLIVE CO

Form 4

Stock

Stock

Common

December 05, 2016

FORM	ЛЛ							OMB AF	PPROVAL	
	CIVILLO	STATES SECUR Was	ITIES A shington,			NGE C	OMMISSION	OMB Number:	3235-0287	
Check the character of	ger							Expires:	January 31	
subject to Section Form 4 of Form 5 obligation may core See Institute 1(b).	Filed purs	uant to Section 10) of the Public Ut 30(h) of the In	SECUR 6(a) of the ility Hold	ITIES e Securit ling Con	ies E	Exchange y Act of	e Act of 1934, 1935 or Section	Estimated a burden hour response	•	
(Print or Type	Responses)									
MOISON FRANCK J Symbol			suer Name and Ticker or Trading ol GATE PALMOLIVE CO [CL]				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last)	(First) (M	(iddle) 3. Date of	3. Date of Earliest Transaction					с ан аррисавіс	,	
	GATE-PALMOLIV Y, 300 PARK AVI		-				Director _X_ Officer (give below) COO Emergi		Owner or (specify . Pacif.	
			endment, Date Original nth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person			
NEW YOR	aK, NY 10022						Form filed by M Person	ore than One Re	porting	
(City)	(State) (Zip) Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)	4. Securi n(A) or Di (Instr. 3,	spose	d of (D)	Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		
Common Stock	12/01/2016		F(1)	633	D	\$ 65.08	172,578	D		
Common							20.040	T	By Issuer's 401(k)	

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

Persons who respond to the collection of information contained in this form are not (9-02)

39,948

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Plan

Trustee

By Son

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required to respond unless the form displays a currently valid OMB control number.

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	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Titl	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	ınt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	rlying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	e		Secur	ities	(Instr. 5)	Bene
	Derivative				Securities	3		(Instr.	. 3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
									Amount		
						Date	Expiration	Title	or Number		
						Exercisable	Date				
				Codo V	(A) (D)				of Charas		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
MOISON FRANCK J			COO				
C/O COLGATE-PALMOLIVE COMPANY			Emerging				
300 PARK AVENUE			Mkts.& So.				
NEW YORK NY 10022			Pacif				

Signatures

/s/ Kristine Hutchinson, 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

(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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