### Edgar Filing: COLGATE PALMOLIVE CO - Form 4

COLGATE I Form 4	PALMOLIVE	СО										
December 05	5, 2016											
FORM	14									OMB AF	PROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549									OMB Number:	3235-0287		
Check the if no long	ter									Expires:	January 31, 2005	
subject to Section 16. Form 4 or						BENEFI ITIES	ICIA	LOW	NERSHIP OF	Estimated average burden hours per response 0		
Form 5 obligation may cont <i>See</i> Instru 1(b).	ns Section 1	7(a) of the		tility H	Hold	ling Con	ipany	Act of	e Act of 1934, 1935 or Section 0	·		
(Print or Type F	Responses)											
Skala Justin Symbo				suer Name <b>and</b> Ticker or Trading ol GATE PALMOLIVE CO [CL]					5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	3. Date of Earliest Transaction						(Check all applicable)			
C/O COLGATE-PALMOLIVE COMPANY, 300 PARK AVENUE				Day/Year)					Director       10% Owner         Officer (give title       Other (specify below)         below)       below)         COO NA, Eur, Afr/E & GI Sust			
(Street) 4. If Amer				ndment, Date Original					6. Individual or Joint/Group Filing(Check			
NEW YORI	K, NY 10022		Filed(Mor	nth/Day/	Year)	)			Applicable Line) _X_ Form filed by C Form filed by M Person			
(City)	(State)	(Zip)	Tabl	e I - No	on-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	r) Executio any	n Date, if	3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)				d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	uritiesOwnershipIndeficiallyForm: DirectBened(D) orOvowingIndirect (I)(Irorted(Instr. 4)usaction(s)Indirect (I)		
				Code	V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	05/04/2016			G <u>(1)</u>	V	145	D	\$ 0 <u>(1)</u>	97,490	D		
Common Stock	12/01/2016			F(2)		432	D	\$ 65.08	97,345	D		
Common Stock									57,724	I	By Issuer's 401(k) Plan Trustee	

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)

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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 c	of 2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivativ	ve Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	/Year)	Under	lying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ities	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
									or		
						Date	Expiration		Number		
						Exercisable	Date		of		
				Code V	(A) (D)				Shares		
				Coue v	(TI) $(D)$				Shares		

### **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Skala Justin C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE NEW YORK, NY 10022			COO NA, Eur, Afr/E & Gl Sust					
Signatures								
/s/ Kristine Hutchinson, Attorney-in-Fact	12/05/20	016						
**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).
- (1) Bona fide gift.

Payment of Medicare and income tax liability by withholding shares of stock from restricted shares previously granted under the issuer's(2) 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.