Edgar Filing: Nelson Rosemary - Form 4

Nelson Ros Form 4	emary										
September	15, 2010										
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL		
	UNITED STATES SECURITIES AND EXCHANGE COMMISSIO Washington, D.C. 20549					OMMISSION	OMB Number:	3235-0287			
Check t if no loi subject Section Form 4	to STATE 16.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES Expires: 20 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Expires: 20 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Expires: 20 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 Section 1940 Section 1940									
Form 5 obligati may con <i>See</i> Inst 1(b).	ons ntinue. Section 17										
(Print or Type	Responses)										
1. Name and Address of Reporting Person <u>*</u> Nelson Rosemary			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					k all applicable)			
	E-PALMOLIVE Y, 300 PARK AV	/ENUE		Day/Year)				Director X Officer (give below) VP-Dep Gen		Owner er (specify rations	
				onth/Day/Year)				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
NEW YOF	RK, NY 10022						:	Person	ore than One Re	porung	
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative	e Secu	rities Acqu	ired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Transaction Date 2A. Deer Aonth/Day/Year) Execution any (Month/I		3. Transacti Code (Instr. 8)	Transactionor Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A)			 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) 	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)	. ,		
Common Stock	09/13/2010			F <u>(1)</u>	182	D	\$ 75.05	16,162	D		
Common Stock	09/14/2010			S <u>(2)</u>	52	D	\$ 75.4771	16,110	D		

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

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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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Tit Amou Unde Secur (Instr	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Nelson Rosemary COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE NEW YORK, NY 10022			VP-Dep Gen Counsel, Operations					
Signatures								
Nina D. Gillman by power of	09/15	/2010						

Nina D. Gillman by power of	
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 tax liability by withholding shares of stock from award of restricted shares vesting under the issuer's stockholder-approved (1)Executive Incentive Compensation Plan.

Sale of shares (with proceeds delivered to the Company) for payment of tax liability above minimum required statutory withholding (but not in excess of full applicable statutory tax rates) incident to vesting of a restricted stock award under the issuer's Executive Incentive (2) Compensation Plan.

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.