COLGATE PALMOLIVE CO

Form 4

November 30, 2007

FORM 4		OMB APPROVAL		
1 OI IIVI T	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549	OMB Number:	3235-0287	
Check this box if no longer subject to	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF	Expires:	January 31 200	
	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF	Estimated average		

Section 16. Form 4 or Form 5 obligations may continue.

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 See Instruction

SECURITIES

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person ** FILUSCH EDWARD J			2. Issuer Name and Ticker or Trading Symbol COLGATE PALMOLIVE CO [CL]						5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle) C/O COLGATE-PALMOLIVE COMPANY, 300 PARK AVENUE			3. Date of Earliest Transaction (Month/Day/Year) 11/28/2007						(Check all applicable) Director 10% OwnerX_ Officer (give title Other (specify below) Vice President and Treasurer			
			4. If Ame Filed(Mon				1		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
(City)	(State)	(Zip)							Person			
1.Title of Security (Instr. 3)	2. Transaction Dat (Month/Day/Year)	te 2A. Deer Execution	ned	3.	ıctio	4. Securing (A) or Di (Instr. 3,	ties A	cquired d of (D) 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of	
Common Stock	11/28/2007			F(1)		61	D	\$ 79.74	14,579	D		
Common Stock									616	I	By Issuer' 401(k) Plan Trustee	
Damindan Dan	ort on a sanarata lin	a famaaala al	ass of soon	ritias ba	nofi	aially aver	ad di	raatly or i	n dina atly			

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.

0.5

burden hours per

response...

Edgar Filing: COLGATE PALMOLIVE CO - 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	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	orNumber	Expiration D	ate	Amount	t of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ing	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securitie	es	(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)						
								^	mount		
									mount		
						Date	Expiration	Title N	r Jumber		
						Exercisable	Date				
				C + V	(A) (D)			0			
				Code V	(A) (D)			S	hares		

Reporting Owners

Relationships Reporting Owner Name / Address

> Officer Other Director 10% Owner

FILUSCH EDWARD J C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE NEW YORK, NY 10022

Vice President and Treasurer

Signatures

Nina D. Gillman by power of 11/30/2007 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. Mr. Filusch's holding of Colgate shares increased after the combination of this withholding and the original grant. Mr. Filusch 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