

Dolan Victoria L  
 Form 3  
 February 07, 2011

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

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

(Print or Type Responses)

|                                                 |                                             |                                      |                                                                        |                                                      |
|-------------------------------------------------|---------------------------------------------|--------------------------------------|------------------------------------------------------------------------|------------------------------------------------------|
| 1. Name and Address of Reporting Person *       |                                             | 2. Date of Event Requiring Statement | 3. Issuer Name <b>and</b> Ticker or Trading Symbol                     |                                                      |
| Â Dolan Victoria L                              |                                             | (Month/Day/Year)                     | COLGATE PALMOLIVE CO [CL]                                              |                                                      |
| (Last)                                          | (First)                                     | (Middle)                             | 02/01/2011                                                             |                                                      |
| C/O COLGATE-PALMOLIVE COMPANY,Â 300 PARK AVENUE |                                             |                                      | 4. Relationship of Reporting Person(s) to Issuer                       | 5. If Amendment, Date Original Filed(Month/Day/Year) |
| (Street)                                        | (Check all applicable)                      |                                      |                                                                        |                                                      |
|                                                 | <input type="checkbox"/> Director           | <input type="checkbox"/> 10% Owner   |                                                                        |                                                      |
|                                                 | <input checked="" type="checkbox"/> Officer | <input type="checkbox"/> Other       | 6. Individual or Joint/Group Filing(Check Applicable Line)             |                                                      |
|                                                 | (give title below) (specify below)          |                                      | <input checked="" type="checkbox"/> Form filed by One Reporting Person |                                                      |
|                                                 | Vice Pres. & Corp. Controller               |                                      | <input type="checkbox"/> Form filed by More than One Reporting Person  |                                                      |
| NEW YORK,Â NYÂ 10022                            |                                             |                                      |                                                                        |                                                      |
| (City)                                          | (State)                                     | (Zip)                                |                                                                        |                                                      |

**Table I - Non-Derivative Securities Beneficially Owned**

| 1. Title of Security (Instr. 4) | 2. Amount of Securities Beneficially Owned (Instr. 4) | 3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5) | 4. Nature of Indirect Beneficial Ownership (Instr. 5) |
|---------------------------------|-------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------|
| Common Stock                    | 18,674                                                | D                                                        | Â                                                     |
| Common Stock                    | 105                                                   | I                                                        | By Issuer's 401(k) Plan Trustee                       |

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

SEC 1473 (7-02)

**Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

| 1. Title of Derivative Security (Instr. 4) | 2. Date Exercisable and Expiration Date (Month/Day/Year) | 3. Title and Amount of Securities Underlying Derivative Security | 4. Conversion or Exercise | 5. Ownership Form of | 6. Nature of Indirect Beneficial Ownership |
|--------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------|---------------------------|----------------------|--------------------------------------------|
|--------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------|---------------------------|----------------------|--------------------------------------------|

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|                             | Date Exercisable          | Expiration Date | (Instr. 4)<br>Title | Amount or Number of Shares | Price of Derivative Security | Derivative Security: Direct (D) or Indirect (I) (Instr. 5) | (Instr. 5) |
|-----------------------------|---------------------------|-----------------|---------------------|----------------------------|------------------------------|------------------------------------------------------------|------------|
| Stock Option (Right to Buy) | 09/10/2010 <sup>(1)</sup> | 09/10/2015      | Common Stock        | 14,500                     | \$ 73.23                     | D                                                          | Â          |
| Stock Option (Right to Buy) | 09/16/2011 <sup>(1)</sup> | 09/16/2016      | Common Stock        | 14,500                     | \$ 76.58                     | D                                                          | Â          |

## Reporting Owners

| Reporting Owner Name / Address                                                             | Relationships |           |                                 |       |
|--------------------------------------------------------------------------------------------|---------------|-----------|---------------------------------|-------|
|                                                                                            | Director      | 10% Owner | Officer                         | Other |
| Dolan Victoria L<br>C/O COLGATE-PALMOLIVE COMPANY<br>300 PARK AVENUE<br>NEW YORK, NY 10022 | Â             | Â         | Â Vice Pres. & Corp. Controller | Â     |

## Signatures

Nina R. Huffman by power of attorney 02/07/2011

\_\_Signature of Reporting Person Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(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) Option becomes exercisable in one-third increments on each anniversary date, with the first third becoming exercisable on the date shown in this column.

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.