Edgar Filing: PATRICK STEPHEN C - Form 4

| PATRICK S | TEPHEN C | | | | | | | | | | |
|---|---|---|--|---|--------------|-----------|---|---|---|--|--|
| Form 4 | | | | | | | | | | | |
| March 03, 20 | | | | | | | | | OMB AF | PROVAL | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | OMB Number: | 3235-0287 | | | |
| Check thi if no long subject to Section 14 Form 4 of Form 5 obligation may conti <i>See</i> Instru 1(b). | 6. Filed purs Section 17(a | STATEMENT OF CHANGES IN 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 20(b) of the Investment Company Act of 1940 | | | | | | | Expires:January 31, 2005Estimated average burden hours per response0.5 | | |
| (Print or Type R | Responses) | | | | | | | | | | |
| PATRICK STEPHEN C Symbol | | | r Name and Ticker or Trading ATE PALMOLIVE CO [CL] | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
| | | | | of Earliest Transaction n/Day/Year) /2005 | | | | Director 10% Owner X Officer (give title Other (specify below) below) Chief Financial Officer | | | |
| | | | | ndment, Date Original hth/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 Person | | | |
| (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. Deen Execution any (Month/E | n Date, if | 3. Transactio Code (Instr. 8) | (Instr. 3, | (A) or | 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) | | |
| Common Stock | 03/01/2005 | | | Code V $F^{(1)}$ | Amount 2,853 | (D) D | Price \$ 53.17 | 171,272 | D | | |
| Common Stock | | | | | | | | 2,707 | Ι | By Issuer's 401(k) Plan Trustee | |

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) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | Amou Unde Secur | le and unt of rlying tities . 3 and 4) | 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 | | | | |
| PATRICK STEPHEN C C/O COLGATE-PALMOLIVE COMPAN 300 PARK AVENUE NEW YORK, NY 10022 | Y | | Chief Financial Officer | | | | | |
| Signatures | | | | | | | | |
| Nina D Gillman by power of attorney | 03/03/2005 | | | | | | | |

**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 restricted share units vesting under the issuer's Executive Incentive(1) Compensation Plan. Total non-restricted holdings (i.e., common stock held outright) of Mr. Patrick increased as a result of this transaction.

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.