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Thompson I Form 4	Neil										
August 17, 2	2009										
FORM	Λ4		GEOU				NGE G		OMB AF	PROVAL	
	UNITED	STATES		RITIES . shingtor			ANGE CO	OMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or				NGES IN BENEFICIAL OWNE SECURITIES				ERSHIP OF	Expires: Estimated a burden hour response		
Form 5 obligation may cor <i>See</i> Inst 1(b).	ons Section 17(a) of the	Public U	Itility Ho	lding Co	mpan	•	Act of 1934, 1935 or Section			
(Print or Type	Responses)										
Thompson Neil Symbol								5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) (Middle)		of Earliest			J[CL]	(Check	all applicable)	
				/Day/Year) . 2009 -				Director 10% Owner X Officer (give title Other (specify below) below) Pres&CEO Hill's Pet Nutrition			
				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			
(City)	(State)	(Zip)				~		Person			
	`						_	ired, Disposed of,		-	
1.Title of Security (Instr. 3)	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)			3. 4. Securities Acquired (A Transactionor Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or				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)	
C				Code V	Amount	(D)	Price	(Instr. 3 and 4)			
Common Stock	08/13/2009			M <u>(1)</u>	4,667	А	\$ 60.68	23,844	D		
Common Stock	08/13/2009			F <u>(2)</u>	4,163	D	\$ 72.03	19,861	D		
Common Stock	08/14/2009			S <u>(3)</u>	74	D	\$ 71.7735	19,607	D		
Common Stock								247	I	By Issuer's 401(k) Plan Trustee	

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

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 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactic Code (Instr. 8)	Transaction Derivative Code Securities		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 60.68	08/13/2009		M <u>(1)</u>		4,667	09/07/2008	09/07/2012	Common Stock	4,667

Reporting Owners

Reporting Owner Name / Address	Relationships					
	Director	10% Owner	Officer	Other		
Thompson Neil C/O COLGATE-PALMOLIVE COMPANY 300 PARK AVENUE NEW YORK, NY 10022			Pres&CEO Hill's Pet Nutrition			
Signatures						

Signatures

Nina D. Gillman by power of 08/17/2009 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).
- (1) Exercise of stock options awarded under the issuer's employee stock option plan.
- (2) The exercise price of the options and related withholding requirement was satisfied by the Company's withholding shares otherwise deliverable upon exercise of the options.

(3)

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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 the exercise of the option under the issuer's employee stock option 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.