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 30(f) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *
   Foster James E
   1221 BROADWAY
   OAKLAND, CA 94612-1888

2. Issuer Name and Ticker or Trading Symbol
   CLOROX CO /DE/ [ CLX ]

3. Date of Earliest Transaction (MM/DD/YYYY)
   8/18/2010

4. If Amendment, Date Original Filed (MM/DD/YYYY)

5. Relationship of Reporting Person(s) to Issuer
   _____ Director
   _____ 10% Owner
   _X_ Officer (give title below)
   _____ Other (specify below)
   SVP Chief Product Supply Off.

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

<table>
<thead>
<tr>
<th>Title of Security</th>
<th>2. Trans. Date</th>
<th>2A. Deemed Execution Date, if any</th>
<th>3. Trans. Code (Instr. 8)</th>
<th>4. Securities Acquired (A) or Disposed of (D) (Instr. 3 and 4)</th>
<th>5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
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</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>8/18/2010</td>
<td>A (1)</td>
<td></td>
<td></td>
<td>2310</td>
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<tr>
<td>Common Stock</td>
<td>8/18/2010</td>
<td>F (2)</td>
<td></td>
<td></td>
<td>848</td>
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</tbody>
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Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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Explanation of Responses:
(1) Settlement of 2007 Performance Unit Grant, which vested 8/18/10.
(2) Withholding of stock to pay tax liability under the Company's Stock Withholding Arrangement.

Reporting Owners

Reporting Owner Name / Address
Foster James E
1221 BROADWAY
OAKLAND, CA 94612-1888

Relationships
Director 10% Owner Officer SVP Chief Product Supply Off.

Signatures

By Angela Hilt, Attorney-in-Fact for 8/20/2010
** Signature of Reporting Person
Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

* If the form is filed by more than one reporting person, see Instruction 4(b)(v).


Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. 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.