FORM 4

[ ] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

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 *
   FRIEDMAN TULLY M
   1221 BROADWAY
   OAKLAND, CA 946121888

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

3. Date of Earliest Transaction (MM/DD/YYYY)
   12/29/2006

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

5. Relationship of Reporting Person(s) to Issuer
   (Check all applicable)
   ___ X __ Director
   _____ 10% Owner
   _____ Officer (give title below)
   _____ Other (specify below)

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

<table>
<thead>
<tr>
<th>1. Title of Security (Instr. 3)</th>
<th>2. Trans. Date</th>
<th>3A. Deemed Execution Date, if any</th>
<th>3B. Trans. Code (Instr. 8)</th>
<th>4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)</th>
<th>5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>7. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deferred Stock Units</td>
<td>(1)</td>
<td>12/29/2006</td>
<td>A</td>
<td>487 (2)</td>
<td>16221.03$0</td>
<td>D</td>
<td></td>
</tr>
<tr>
<td>Deferred Stock Units</td>
<td>(1)</td>
<td>12/29/2006</td>
<td>A</td>
<td>1268 (4)</td>
<td>17489.03$0</td>
<td>D</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>1. Title of Derivative Security (Instr. 3)</th>
<th>2. Conversion or Exercise Price of Derivative Security</th>
<th>3. Trans. Date</th>
<th>3A. Deemed Execution Date, if any</th>
<th>4. Trans. Code (Instr. 8)</th>
<th>5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)</th>
<th>6. Date Exercisable and Expiration Date</th>
<th>7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)</th>
<th>8. Price of Derivative Security (Instr. 5)</th>
<th>9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
<th>10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>11. Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deferred Stock Units</td>
<td>(1)</td>
<td>12/29/2006</td>
<td>A</td>
<td>487</td>
<td>(3)</td>
<td>(3)</td>
<td>Common Stock</td>
<td>487.00</td>
<td>$0</td>
<td>16221.03$0</td>
<td>D</td>
</tr>
<tr>
<td>Deferred Stock Units</td>
<td>(1)</td>
<td>12/29/2006</td>
<td>A</td>
<td>1268</td>
<td>(3)</td>
<td>(3)</td>
<td>Common Stock</td>
<td>1268.00</td>
<td>$0</td>
<td>17489.03$0</td>
<td>D</td>
</tr>
</tbody>
</table>

Explanation of Responses:

(1) 1-for-1

(2) Receipt of Deferred Stock Units in lieu of receipt of quarterly director's fees.

(3) The Deferred Stock Units will be settled 100% in Clorox stock upon the reporting person's retirement or other termination of service as a Director.

(4) Annual award of Deferred Stock Units pursuant to the 2005 Stock Incentive Plan.

Reporting Owners

Reporting Owner Name / Address: FRIEDMAN TULLY M
1221 BROADWAY
OAKLAND, CA 946121888

Relationships:

- X Director
- 10% Owner
- Officer
- Other

OMB APPROVAL
OMB Number: 3235-0287
Expires: January 31, 2008
Estimated average burden hours per response... 0.5
Signatures
By: By Angela Hilt, Attorney-in-Fact for 1/3/2007
** Signature of Reporting Person Date

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.