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 94612-1888

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

3. Date of Earliest Transaction (MM/DD/YYYY)
   9/29/2006

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>Title of Security</th>
<th>Trans. Date</th>
<th>Code</th>
<th>Amount</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deferred Stock Units</td>
<td>9/29/2006</td>
<td>A</td>
<td>436.5</td>
<td>$0</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.

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

<table>
<thead>
<tr>
<th>Title of Derivative Security (Instr. 3)</th>
<th>Trans. Date</th>
<th>Code</th>
<th>Amount or Number of Shares</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deferred Stock Units</td>
<td>9/29/2006</td>
<td>A</td>
<td>15734.03</td>
</tr>
</tbody>
</table>

Reporting Owners

Reporting Owner Name / Address
FRIEDMAN TULLY M
1221 BROADWAY
OAKLAND, CA 94612-1888

Relationships
X

Signatures
By: By Angela Hilt, Attorney-in-Fact for 10/3/2006
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.