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

FORM 4

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1. Name and Address of Reporting Person *
SPRINGER MARY BETH
(210) 1221 BROADWAY
OAKLAND, CA 94612-1888

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

5. Relationship of Reporting Person(s) to Issuer
_____ Director
_____ 10% Owner
X Officer (give title below)
_____ Other (specify below)
Executive VP-Strategy & Growth

3. Date of Earliest Transaction (MM/DD/YYYY)
9/16/2008

6. Individual or Joint/Group Filing (Check Applicable Line)
X Form filed by One Reporting Person
 ___ Form filed by More than One Reporting Person

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 (A) or (D)</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>9/16/2008</td>
<td>A (1)</td>
<td>47940</td>
<td>$0</td>
</tr>
<tr>
<td>Common Stock</td>
<td>9/16/2018</td>
<td>A (1)</td>
<td>47940</td>
<td>$0</td>
</tr>
<tr>
<td>Common Stock</td>
<td>9/16/2009</td>
<td>A (1)</td>
<td>47940</td>
<td>$0</td>
</tr>
</tbody>
</table>

Explanation of Responses:
(1) Option vests in 4 equal installments - 1/4 on each of the first, second, third and fourth anniversaries of the grant date.

Reporting Owners

Reporting Owner Name / Address
SPRINGER MARY BETH
1221 BROADWAY
OAKLAND, CA 94612-1888

Relationships
Director 10% Owner Officer Other
Executive VP-Strategy & Growth

Signatures
By Angela Hilt, Attorney-in-Fact for 9/18/2008

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.