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 *
TICKNOR CAROLYN M
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
___ X __ Director
____ 10% Owner
____ Officer (give title below)
____ Other (specify below)

3. Date of Earliest Transaction (MM/DD/YYYY)
12/31/2008

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

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>Code</th>
<th>Amount (A)</th>
<th>Price (D)</th>
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</thead>
<tbody>
<tr>
<td>D</td>
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</tr>
<tr>
<td>A</td>
<td>71</td>
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<tr>
<td>V</td>
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<table>
<thead>
<tr>
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<tbody>
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<table>
<thead>
<tr>
<th>Code</th>
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<tbody>
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</table>

Explanation of Responses:
(1) 1-for-1
(2) Deferred Stock Units acquired through dividend reinvestment during the fiscal year pursuant to the Independent Directors' Deferred Compensation Plan.
(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.
(5) Receipt of Deferred Stock Units in lieu of receipt of quarterly director's fees.
Reporting Owner Name / Address | Director | 10% Owner | Officer | Other
--- | --- | --- | --- | ---
TICKNOR CAROLYN M | 1221 BROADWAY | X | |
OAKLAND, CA 94612-1888 |

Signatures

By Angela Hilt, Attorney-in-Fact for 1/5/2009
** 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.