FORM 4
(Statement of Changes in Beneficial Ownership)

Filed 9/20/2007 For Period Ending 9/18/2007

<table>
<thead>
<tr>
<th>Address</th>
<th>THE CLOROX COMPANY 1221 BROADWAY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>OAKLAND, California 94612-1888</td>
</tr>
<tr>
<td>Telephone</td>
<td>510-271-7000</td>
</tr>
<tr>
<td>CIK</td>
<td>0000021076</td>
</tr>
<tr>
<td>Industry</td>
<td>Personal &amp; Household Prods.</td>
</tr>
<tr>
<td>Sector</td>
<td>Consumer/Non-Cyclical</td>
</tr>
<tr>
<td>Fiscal Year</td>
<td>06/30</td>
</tr>
</tbody>
</table>
Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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 *
   KANE JACQUELINE P
   (Last) (First) (Middle)
   1221 BROADWAY
   (Street)
   OAKLAND, CA 946121888
   (City) (State) (Zip)

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

3. Date of Earliest Transaction (MM/DD/YYYY)
   9/18/2007

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

5. Relationship of Reporting Person(s) to Issuer
   (Check all applicable)
   ___ Director
   ___ 10% Owner
   _X_ Officer (give title below)
   ___ Other (specify below)
   SR VP- HR & Corporate Affairs

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>Deemed Execution Date, if any</th>
<th>Trans. Code (Instr. 8)</th>
<th>Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)</th>
<th>Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stock Option (Right to Buy)</td>
<td>$61.16</td>
<td>9/18/2007</td>
<td>A (1)</td>
<td>32900</td>
<td>9/18/2008</td>
</tr>
</tbody>
</table>

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>Conversion or Exercise Price of Derivative Security</th>
<th>Trans. Date</th>
<th>Deemed Execution Date, if any</th>
<th>Trans. Code (Instr. 8)</th>
<th>Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)</th>
<th>Date Exercisable</th>
<th>Expiration Date</th>
<th>Securities Underlying Derivative Security (Instr. 3 and 4)</th>
<th>Price of Derivative Security (Instr. 5)</th>
<th>Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)</th>
<th>Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)</th>
<th>Nature of Indirect Beneficial Ownership (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stock Option (Right to Buy)</td>
<td>$61.16</td>
<td>9/18/2007</td>
<td>A (1)</td>
<td>32900</td>
<td>9/18/2008</td>
<td>9/18/2017</td>
<td>Common Stock</td>
<td>32900.00</td>
<td>$0</td>
<td>32900.00</td>
<td>D</td>
<td></td>
</tr>
</tbody>
</table>

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

Reporting Owners

<table>
<thead>
<tr>
<th>Reporting Owner Name / Address</th>
<th>Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>KANE JACQUELINE P</td>
<td>Director</td>
</tr>
<tr>
<td>1221 BROADWAY</td>
<td>10% Owner</td>
</tr>
<tr>
<td>OAKLAND, CA 946121888</td>
<td>Officer</td>
</tr>
<tr>
<td>SR VP- HR &amp; Corporate Affairs</td>
<td>Other</td>
</tr>
</tbody>
</table>

Signatures

By: By Angela Hilt, Attorney-in-Fact for

** 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.