1. Name and Address of Reporting Person *
   MUELLER EDWARD A
   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)
   6/30/2008

4. If Amendment, Date Original Filed

5. Relationship of Reporting Person(s) to Issuer
   _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</th>
<th>2. Trans. Date</th>
<th>2A. Deemed Execution Date, if any</th>
<th>3. 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)</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>5/15/2008</td>
<td>A</td>
<td>V (A)</td>
<td>11.13</td>
<td>11.13</td>
<td>$0 (1)</td>
<td>V (A)</td>
</tr>
<tr>
<td>Deferred Stock Units</td>
<td>6/30/2008</td>
<td>A</td>
<td>V (A)</td>
<td>454.98</td>
<td>454.98</td>
<td>$0 (1)</td>
<td>V (A)</td>
</tr>
</tbody>
</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. Receipt of Deferred Stock Units in lieu of receipt of quarterly director's fees.

Reporting Owners

Reporting Owner Name / Address
MUELLER EDWARD A
1221 BROADWAY

Relationships

Director [ ] 10% Owner [ ] Officer [ ] Other [ ]
Signatures
By Angela Hilt, Attorney-in-Fact for 7/2/2008
** 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.