FORM 4
(Statement of Changes in Beneficial Ownership)

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

Address       THE CLOROX COMPANY 1221 BROADWAY
               OAKLAND, California 94612-1888
Telephone     510-271-7000
CIK           0000021076
Industry      Personal & Household Prods.
Sector        Consumer/Non-Cyclical
Fiscal Year   06/30
# 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
KNAUSS DONALD R

1221 BROADWAY

OAKLAND, CA 946121888

**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</th>
<th>Securities Acquired (A) or Disposed of (D)</th>
<th>Amount of Securities Beneficially Owned Following Reported Transaction(s)</th>
<th>Ownership Form: Direct (D) or Indirect (I) (Instr. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stock Option</td>
<td>9/18/2007</td>
<td></td>
<td>A</td>
<td>185000.00</td>
<td>185000.00</td>
<td>D</td>
</tr>
</tbody>
</table>

**Table II - Derivative Securities Beneficially Owned**

<table>
<thead>
<tr>
<th>Title of Derivative Security</th>
<th>Trans. Date</th>
<th>Deemed Execution Date, if any</th>
<th>Trans. Code</th>
<th>Number of Derivative Securities Acquired (A) or Disposed of (D)</th>
<th>Date Exercisable and Expiration Date</th>
<th>Price of Derivative Security</th>
<th>Amount of Derivative Securities Beneficially Owned Following Reported Transaction(s)</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>
</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>KNAUSS DONALD R</td>
<td></td>
</tr>
<tr>
<td>1221 BROADWAY</td>
<td></td>
</tr>
<tr>
<td>OAKLAND, CA 946121888</td>
<td></td>
</tr>
</tbody>
</table>

**Signatures**

By: By Angela Hilt, Attorney-in-Fact

9/20/2007

**Signature of Reporting Person**
* 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.