1. Name and Address of Reporting Person

TATASEO FRANK 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)

9/19/2006

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

5. Relationship of Reporting Person(s) to Issuer

_____ Director
_____ 10% Owner
__ X __ Officer (give title below)
_____ Other (specify below)

Group Vice President

5. Title of Security

Stock Option (Right to Buy)

6. Trans. Date

9/19/2006

7. Trans. Executed Date, if any

8. Trans. Code (Instr. 8)

9. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)

A (1)

10. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)

31700

11. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)

D

12. Nature of Indirect Beneficial Ownership (Instr. 4)

V

13. Date Exercisable

9/19/2007

14. Expiration Date

9/19/2016

15. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)

Common Stock 31700.00

16. Price of Derivative Security (Instr. 5)

0

17. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)

31700.00

18. Number of derivative Securities Beneficially Owned: Direct (D) or Indirect (I) (Instr. 4)

D

19. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)

D

20. Nature of Indirect Beneficial Ownership (Instr. 4)


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

TATASEO FRANK A

1221 BROADWAY

OAKLAND, CA 94612-1888

Relationships

Director 10% Owner Officer Other

Group Vice President

Signatures

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

9/21/2006

Signature of Reporting Person

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.