**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 *

   **TICKNOR CAROLYN M**  
   1221 BROADWAY  
   OAKLAND, CA 946121888

2. Issuer Name and Ticker or Trading Symbol

   **CLOROX CO /DE/ [ CLX ]**

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

   **3/31/2006**

5. Relationship of Reporting Person(s) to Issuer (Check all applicable)

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

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 (Instr. 3)</th>
<th>2. Trans. Date</th>
<th>2A. Deemed Execution Date, if any</th>
<th>3. Trans. Code (Instr. 4)</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) (Instr. 3 and 4)</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>1/31/2006</td>
<td></td>
<td>A</td>
<td>313.28</td>
<td>313.28</td>
<td>D</td>
<td></td>
</tr>
</tbody>
</table>

**Explanation of Responses:**

(1) 1-for-1  
(2) Receipt of Deferred Stock Units in lieu of receipt of quarterly director's fee.  
(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.

**Reporting Owners**

<table>
<thead>
<tr>
<th>Reporting Owner Name / Address</th>
<th>Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>TICKNOR CAROLYN M 1221 BROADWAY OAKLAND, CA 946121888</td>
<td>X</td>
</tr>
</tbody>
</table>

**Signatures**

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.