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
   (Last) (First) (Middle)
   1221 BROADWAY
   (Street)
   OAKLAND, CA 94612-1888
   (City) (State) (Zip)

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

3. Date of Earliest Transaction (MM/DD/YYYY)
   6/30/2008

5. Relationship of Reporting Person(s) to Issuer
   (Check all applicable)
   ___ X __ Director
   ____ 10% Owner
   ____ Officer (give title below)
   ____ Other (specify below)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security
   (Instr. 3)
2. Trans. Date
3. Trans. Code (Instr. 8)
4. Securities Acquired (A) or Disposed of (D)
   (Instr. 3, 4 and 5)
5. Amount of Securities Beneficially Owned Following Reported Transaction(s)
   (Instr. 3 and 4)
6. Ownership Form: Direct (D)
   or Indirect (I) (Instr. 4)
7. Nature of间接 Beneficial Ownership (Instr. 4)

Deferred Stock Units
   $0 (1) 5/15/2008 A (2) 57.47 (3) (3) Common Stock 57.47 $0 8424.42 D

Deferred Stock Units
   $0 (1) 6/30/2008 A (4) 359.19 (3) (3) Common Stock 359.19 $0 8783.61 D

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 Relationship
   TICKNOR CAROLYN M 1221 BROADWAY X
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.