FORM 4
(Statement of Changes in Beneficial Ownership)

Filed 5/17/2005 For Period Ending 5/13/2005

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
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 *
   HEINRICH DANIEL J
   1221 BROADWAY
   OAKLAND, CA 946121888

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

3. Date of Earliest Transaction
   5/13/2005

4. If Amendment, Date Original Filed

5. Relationship of Reporting Person(s) to Issuer (Check all applicable)
   _____ Director
   _____ 10% Owner
   _X_ Officer (give title below)
   _____ Other (specify below)
   Sr. VP-Chief Financial Officer

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>Code</th>
<th>Amount</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>5/13/2005</td>
<td>A</td>
<td>10000</td>
<td>A</td>
<td>$0</td>
</tr>
</tbody>
</table>

Common Stock
   151.800    I   By ERIP
Common Stock
   1000.000   I   By IRA
Common Stock
   7000.000   I   By Trust

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

<table>
<thead>
<tr>
<th>Title of Derivate Security</th>
<th>Conversion or Exercise Price of Derivative Security</th>
<th>Trans. Date</th>
<th>Deemed Execution Date, if any</th>
<th>Code</th>
<th>(A)</th>
<th>(D)</th>
<th>Date Exercisable</th>
<th>Expiration Date</th>
<th>Title</th>
<th>Amount or Number of Shares</th>
</tr>
</thead>
</table>

Common Stock
   By: By Laura Stein, Attorney-in-Fact for
   5/17/2005

Explanation of Responses:

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.