1. Name and Address of Reporting Person *  
Costello Michael R.  
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)  
8/18/2014

5. Relationship of Reporting Person(s) to Issuer  
(X) Officer (give title below)  
VP - GM, International

6. Individual or Joint/Group Filing (Check Applicable Line)  
X Form filed by One Reporting Person

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

<table>
<thead>
<tr>
<th>Title of Security</th>
<th>Trans. Date</th>
<th>Code</th>
<th>Amount</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>8/18/2014</td>
<td>A</td>
<td>2647.0000</td>
<td>$88.9300</td>
</tr>
<tr>
<td>Common Stock</td>
<td>8/18/2014</td>
<td>F</td>
<td>195.0000</td>
<td>$88.9300</td>
</tr>
<tr>
<td>Common Stock</td>
<td></td>
<td></td>
<td>1206.3030</td>
<td></td>
</tr>
</tbody>
</table>

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>Code</th>
<th>Amount or Number of Shares</th>
</tr>
</thead>
</table>

Explanation of Responses:
(1) Settlement of 2011 Performance Unit Grant that vested 8/18/2014, which the reporting person has elected to defer pursuant to the 2005 Stock Incentive Plan.
(2) Withholding of stock to pay certain taxes under the Company's Stock Withholding Arrangement.
(3) Includes 81.6568 shares acquired through dividend reinvestment and 7.2748 shares acquired during the fiscal year pursuant to the Company's Employee Stock Purchase Plan.
(4) Includes 10.4451 shares acquired during the fiscal year pursuant to the Company's 401(k) Plan.
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.