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 *
   FRIEDMAN TULLY M
   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)
   9/30/2011

5. Relationship of Reporting Person(s) to Issuer
   _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</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>Deferred Stock Units</td>
<td>8/12/2011</td>
<td></td>
<td>A</td>
<td>305.7900</td>
<td>$0</td>
</tr>
<tr>
<td>Deferred Stock Units</td>
<td>9/30/2011</td>
<td></td>
<td>A</td>
<td>376.9000</td>
<td>$0</td>
</tr>
</tbody>
</table>

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 in connection with 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
FRIEDMAN TULLY M
1221 BROADWAY
OAKLAND, CA 94612-1888

Relationships
Director 10% Owner Officer Other
X
Signatures
By Angela Hilt, Attorney-in-Fact for 10/4/2011

** 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.