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 *

STEIN LAURA
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)

9/13/2011

5. Relationship of Reporting Person(s) to Issuer

_____ Director        _____ 10% Owner
X _ Officer (give title below)  ____ Other (specify below)

SVP - General Counsel

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

<table>
<thead>
<tr>
<th>1. Title of Security (Instr. 3)</th>
<th>2. Trans. Date</th>
<th>2A. Deemed Execution Date, if any</th>
<th>3. Trans. Code (Instr. 8)</th>
<th>4. Securities Acquired (A) or Disposed of (D) (Instr. 3 and 4)</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>Stock Option (Right to Buy)</td>
<td>$68.15</td>
<td>9/13/2011</td>
<td>A</td>
<td>V (A)</td>
<td>41040.0000</td>
<td>D</td>
<td>V</td>
</tr>
</tbody>
</table>

Date Exercisable: 9/13/2012
Expiration Date: 9/13/2021

Explanation of Responses:
(1) Option vests in 4 equal installments - 1/4 on each of the first, second, third and fourth anniversaries of the grant date.

Reporting Owners

<table>
<thead>
<tr>
<th>Reporting Owner Name / Address</th>
<th>Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>STEIN LAURA 1221 BROADWAY OAKLAND, CA 94612-1888</td>
<td>Director 10% Owner Officer SVP - General Counsel</td>
</tr>
</tbody>
</table>

Signatures

By Angela Hill, Attorney-in-Fact for

9/15/2011

** Signature of Reporting Person

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.