1. Name and Address of Reporting Person
Fleischer Spencer C
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)
12/31/2015

4. If Amendment, Date Original Filed

5. Relationship of Reporting Person(s) to Issuer
X Director

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Title</th>
<th>Amount</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/13/2015</td>
<td>Deferred Stock Units</td>
<td>1.3800</td>
<td>$0.0000</td>
</tr>
<tr>
<td>12/31/2015</td>
<td>Deferred Stock Units</td>
<td>507.8323</td>
<td>$0.0000</td>
</tr>
<tr>
<td>12/31/2015</td>
<td>Deferred Stock Units</td>
<td>197.1142</td>
<td>$0.0000</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Title</th>
<th>Amount or Number of Shares</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/13/2015</td>
<td>Common Stock</td>
<td>1.3800</td>
</tr>
<tr>
<td>12/31/2015</td>
<td>Common Stock</td>
<td>507.8323</td>
</tr>
<tr>
<td>12/31/2015</td>
<td>Common Stock</td>
<td>197.1142</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) Annual award of Deferred Stock Units pursuant to the 2005 Stock Incentive Plan.
(5) Receipt of Deferred Stock Units in lieu of receipt of quarterly director's fees.

Reporting Owners
Fleischer Spencer C
1221 BROADWAY
OAKLAND, CA 94612-1888

Signatures
By Angela Hilt, Attorney-in-Fact for 1/5/2016
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.