1. Name and Address of Reporting Person *

PEIROS LARRY

2. Issuer Name and Ticker or Trading Symbol

CLOROX CO/DE/ [ CLX ]

5. Relationship of Reporting Person(s) to Issuer

_____ Director

_____ 10% Owner

X _____ Officer (give title below)

_____ Other (specify below)

Executive VP-COO

3. Date of Earliest Transaction (MM/DD/YYYY)

9/13/2011

4. If Amendment, Date Original Filed (MM/DD/YYYY)

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>Code</th>
<th>V</th>
<th>Amount</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td></td>
<td>(1)</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>(1)</td>
<td></td>
</tr>
</tbody>
</table>

Stock Option (Right to Buy) $68.15 9/13/2011 A (1) 86390.0000 9/13/2012 (1) 9/13/2021 Common Stock 86390.0000 $ 0 86390.0000 D

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.

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

<table>
<thead>
<tr>
<th>Code</th>
<th>V</th>
<th>Amount</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td></td>
<td>(1)</td>
<td></td>
</tr>
</tbody>
</table>

10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)

11. Nature of Indirect Beneficial Ownership (Instr. 4)

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

By Angela Hill, Attorney-in-Fact for 9/15/2011

9/15/2011

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.