1. Name and Address of Reporting Person *
   Thomas-Graham Pamela
   1221 BROADWAY
   OAKLAND, CA 946121888

2. Issuer Name and Ticker or Trading Symbol
   CLOROX CO/DE/ [ CLX ]

3. Date of Earliest Transaction (MM/DD/YYYY)
   9/21/2005

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

5. Relationship of Reporting Person(s) to Issuer
   (Check all applicable)
   _ 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>Code</th>
<th>Amount</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director Stock Option (Right to Buy) - 85AX</td>
<td>9/21/2005</td>
<td>A</td>
<td>8000</td>
<td>$57.00</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Title of Derivative Security</th>
<th>Conversion or Exercise Price of Derivative Security</th>
<th>Trans. Date</th>
<th>Code</th>
<th>Amount</th>
<th>Exercisable Date</th>
<th>Expiration Date</th>
<th>Title of Security</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>8000.00</td>
<td>9/21/2006</td>
<td>A</td>
<td>8000</td>
<td>9/21/2015</td>
<td>9/21/2015</td>
<td>$0</td>
<td>8000.00</td>
</tr>
</tbody>
</table>

Explanation of Responses:
(1) Grant under the Company's Directors' Stock Option Plan. Option is exercisable in two equal annual installments on each of the first two anniversaries of the date of grant.

Signatures
By: By Laura Stein, Attorney-in-Fact for
** Signature of Reporting Person

Date
9/21/2005
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.