CLOROX CO /DE/

FORM 4

(Statement of Changes in Beneficial Ownership)

Filed 9/20/2007 For Period Ending 9/18/2007

Address THE CLOROX COMPANY 1221 BROADWAY

OAKLAND, California 94612-1888

Telephone 510-271-7000

CIK 0000021076

Industry Personal & Household Prods.

Sector Consumer/Non-Cyclical

Fiscal Year 06/30



] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE **COMMISSION**

Washington, D.C. 20549

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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 | ss of Re | porting I | Person * | 2. | . Iss | suer Nam | e a | nd Tick | er o | or Tradir | ng Symb | | | nship of I applicab | Reporting l | Person(s) | to Issuer |
|--|----------|-----------|--------------------|-------------------------------------|--|--|------|--|--------------------------------------|--------------------|--|--|---|------------------------|--|--|--|
| SPRINGER MA | ARY B | ETH | | | | OROX | | | | | | | D: . | | | 100/ 0 | |
| (Last) | (First) | (Mid | dle) | 3. | 3. Date of Earliest Transaction (MM/DD/YYYY) | | | | | | | | Directo | | - halaw) | 10% O | |
| 1221 BROADWAY | | | | | 0/10/2007 | | | | | | | | X_Officer (give title below)Other (specify below) Executive VP-Strategy & Growth | | | | |
| (Street) | | | | | 4. If Amendment, Date Original Filed | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| OAKLAND, CA 946121888 (City) (State) (Zip) | | | | | | | | | | | | | _ X _ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Table I | - Non-I | Deriv | ati | ve Secur | itie | s Acqui | irec | d, Dispo | sed of, o | or Bei | neficially | y Owned | | | |
| 1 | | | 2. Tra Date | | | | | lowing | ing Reported Transaction(s) 3 and 4) | | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership | | | | |
| Table | II - Der | ivative (| Securitie | es Be | nef | ficially O | wn | ed (<i>e.g.</i> | . , [| puts, cal | ls, warr | ants, | options, | convert | ible secur | ities) | |
| (Instr. 3) or Pr | | Date | Execution Date, if | 4. Trans Code (Instr 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | ying ity | Derivative | derivative Securities Beneficially Owned Following | Direct (D) or Indirect (I) (Instr. | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisal | ble 1 | Expiration Date | Title | Amou Numb Shares | er of | | (s) (Instr. 4) | (+) | |
| Stock Option (Right to Buy) | \$61.16 | 9/18/2007 | | A (1) | | 41100 | | 9/18/200 | 8 | 9/18/2017 | Common Stock | 411 | 100.00 | \$0 | 41100.00 | D | |

Explanation of Responses:

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

Reporting Owners

| Paparting Owner Name / Address | Relationships | | | | | | | | |
|--------------------------------|---------------|-----------|--------------------------------|-------|--|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | | |
| SPRINGER MARY BETH | | | | | | | | | |
| 1221 BROADWAY | | | Executive VP-Strategy & Growth | | | | | | |
| OAKLAND, CA 946121888 | | | | | | | | | |

Signatures

By: By Angela Hilt, Attorney-in-Fact for 9/20/2007

** 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).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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.