

CLOROX CO /DE/
Form 4
October 03, 2006

FORM 4

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0287
Expires: January 31, 2005
Estimated average burden hours per response... 0.5

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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(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *
MATSCHULLAT ROBERT W

(Last) (First) (Middle)

1221 BROADWAY

(Street)

OAKLAND, CA 946121888

(City) (State) (Zip)

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

3. Date of Earliest Transaction
(Month/Day/Year)
09/29/2006

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director 10% Owner
 Officer (give title below) Other (specify below)
Interim Chairman & Interim CEO

6. Individual or Joint/Group Filing(Check Applicable Line)
 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

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)
				(A) or (D)	Amount		
				Code	V		Price

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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SEC 1474
(9-02)

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

1. Title of Derivative Security	2. Conversion or Exercise	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any	4. Transaction Code	5. Number of Derivative Securities	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)
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(Instr. 3)	Price of Derivative Security	(Month/Day/Year)	Code V		Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		Date Exercisable	Expiration Date	Title	Amount or Number of Shares
			(A)	(D)	(A)	(D)				
Deferred Stock Units	(1)	09/29/2006	A		(2)		(3)	(3)	Common Stock	4,174.68
Deferred Stock Units	(1)	09/29/2006	A		(4)		(3)	(3)	Common Stock	15,642.85
Deferred Stock Units	(1)	09/29/2006	A		(5)		(3)	(3)	Common Stock	236.36

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
MATSCHULLAT ROBERT W 1221 BROADWAY OAKLAND, CA 946121888	X		Interim Chairman & Interim CEO	

Signatures

By: By Angela Hilt,
Attorney-in-Fact for

10/03/2006

__Signature of Reporting Person

Date

Explanation of Responses:

- * 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).
- (1) 1-for-1
- (2) Represents accrued quarterly compensation for service as Interim Chairman and Interim CEO, which Mr. Matschullat has elected to receive in Deferred Stock Units pursuant to the Interim Executive Officer Deferred Compensation Plan.
- (3) The Deferred Stock Units will be settled 100% in Clorox stock upon the reporting person's retirement or other termination of service as an employee and Director.
- (4) Represents aggregate bonuses paid in connection with Mr. Matschullat's service as Interim Chairman and Interim CEO during fiscal year 2006 and fiscal year 2007, which Mr. Matschullat has elected to receive in Deferred Stock Units pursuant to the Interim Executive Officer Deferred Compensation Plan.
- (5) Receipt of Deferred Stock Units in lieu of receipt of fiscal year 2007 retainer for service as Audit Committee Chair, from October 3, 2006 through June 30, 2007.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.