CLOROX CO /DE/

Form 5

August 14, 2006

## FORM 5

#### **OMB APPROVAL**

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

**OMB** 3235-0362 Number: January 31,

no longer subject to Section 16. Form 4 or Form 5 obligations may continue.

Check this box if

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

Expires: 2005 Estimated average

1.0

OWNERSHIP OF SECURITIES

burden hours per response...

See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

Reported Form 4

30(h) of the Investment Company Act of 1940

Transactions Reported

1. Name and Address of Reporting Person * FRIEDMAN TULLY M			2. Issuer Name <b>and</b> Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer		
(Last) (First) (Midd		(Middle)	CLOROX CO /DE/ [CLX] 3. Statement for Issuer's Fiscal Year Ended	(Check all applicable)		
1221 BROA	DWAY		(Month/Day/Year) 06/30/2006	_X_ Director 10% Owner Officer (give title below) Other (specify below)		
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Reporting  (check applicable line)		

### OAKLAND, CAÂ 946121888

(State)

(Zip)

(City)

\_X\_ Form Filed by One Reporting Person Form Filed by More than One Reporting

(City)	(State)	(Zip) Tal	ble I - Non-De	rivative Se	curiti	ies Acq	uired, Disposed	of, or Beneficia	lly 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. Securit Acquired Disposed (Instr. 3, 4	(A) or of (D	)	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)

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

Derivative

Persons who respond to the collection of information **SEC 2270** contained in this form are not required to respond unless the form displays a currently valid OMB control number.

or Disposed

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

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number of	6. Date Exercisable and	7. Title and Amount of	8.
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	Derivative	Expiration Date	Underlying Securities	D
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)	Se
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired (A)			(Iı

(9-02)

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		Security				of (D) (Instr. 3, and 5)	4,				
						(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
S	Deferred Stock Units	Â	08/15/2005	Â	A(2)	59.81	Â	(3)	(3)	Common Stock	59.81
S	Deferred Stock Units	Â	11/15/2005	Â	A(2)	66.24	Â	(3)	(3)	Common Stock	66.24
S	Deferred Stock Units	Â	02/15/2006	Â	A(2)	68.8	Â	(3)	(3)	Common Stock	68.8
S	Deferred Stock Jnits	Â	05/12/2006	Â	A(2)	71.21	Â	(3)	(3)	Common Stock	71.21

# **Reporting Owners**

Reporting Owner Name / Address	Relationships							
11.1.6.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	Director	10% Owner	Officer	Other				
FRIEDMAN TULLY M 1221 BROADWAY OAKLAND, CA 946121888	ÂΧ	Â	Â	Â				

## **Signatures**

By: By Angela Hilt, Attorney-in-Fact for 08/14/2006

\*\*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) 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 upon the reporting person's retirement or other termination of service as a Director.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.

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