## Edgar Filing: CLOROX CO /DE/ - Form 4

CLOROX C	O /DE/										
Form 4	c										
July 05, 200											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION							OMB APPROVAL				
	UNITED	SIAILS		shington,					OMB Number:	3235-0287	
Check th					2.0.20				Expires:	January 31,	
if no long subject to	if no longer subject to STATEMENT OF CHAN				GES IN BENEFICIAL OWNE				·	2005	
Section 1					SECURITIES				Estimated average burden hours per		
Form 4 o									response	0.5	
Form 5 obligation	<b>n</b> c <b>*</b>						•	e Act of 1934,			
may cont	inue. Section 17			•	•			1935 or Section	1		
See Instru 1(b).	uction	50(II)	of the m	vestment	Compan	y Aci	. 01 194	0			
1(0).											
(Print or Type I	Responses)										
	ddress of Reporting	g Person <u>*</u>		r Name <b>and</b> Ticker or Trading			5. Relationship of Reporting Person(s) to Issuer				
MICHAEL GARY G Symbol				DX CO /DE/ [CLX]				(Check all applicable)			
CLORO											
(Last)	(First)	(Middle)		Earliest Tr	ansaction			V D'	100	0	
(Month/D 1221 BROADWAY 06/30/20			•			X_ Director Officer (give t		Owner r (specify			
izzi bitoi			00/30/2	000				below)	below)		
			ndment, Date Original			<ul> <li>6. Individual or Joint/Group Filing(Check</li> <li>Applicable Line)</li> <li>_X_ Form filed by One Reporting Person</li> </ul>					
			nth/Day/Year)								
OAKLAND	, CA 94612188	8						Form filed by M			
								Person			
(City)	(State)	(Zip)	Tabl	e I - Non-D	Derivative S	Securi	ties Acqu	uired, Disposed of,	, or Beneficial	y Owned	
1.Title of	2. Transaction Date 2A. Deemed (Month/Day/Year) Execution Date, if any (Month/Day/Year)			3.4. Securities Acquired			5. Amount of	Ownership Indirect Form: Direct Benefi	7. Nature of		
Security (Instr. 3)				Code (Instr. 3, 4 and 5)					Beneficially		
(11301. 5)											
								Following	Indirect (I)	(Instr. 4)	
						(A)		Reported Transaction(s)	(Instr. 4)		
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common	0(1201000)						\$	5 005 4	D		
Stock	06/30/2006			A <u>(1)</u>	153.76	А	60.97	5,025.4	D		

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

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.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Title and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amount of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underlying	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivativ	/e		Securities	(Instr. 5)	Bene
	Derivative				Securitie	s		(Instr. 3 and	4)	Owne
	Security				Acquired	1				Follo
	•				(A) or					Repo
					Disposed	1				Trans
					of (D)					(Instr
					(Instr. 3,					Ì
					4, and 5)					
					$(\mathbf{A})$ $(\mathbf{D})$	D (	<b>Б</b>	T:41 A		
				Code V	(A) (D)		•	Title Amou	int	
						Exercisable	Date	or		
								Numb	ber	
								of		
								Share	S	

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships						
	Director	10% Owner	Officer	Other			
MICHAEL GARY G 1221 BROADWAY OAKLAND, CA 946121888	Х						
Signatures							
By: By Angela Hilt, Attorney-in-Fact for	07/05/2006						
**Signature of Reporting Person		Dat	te				

## **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) Receipt of Common Stock in lieu of portion of quarterly director's fee.

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.