1. Name and Address of Reporting Person *
McNulty John J

2. Date of Event Requiring Statement (MM/DD/YYYY)
7/2/2018

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

4. Relationship of Reporting Person(s) to Issuer (Check all applicable)

- Director
- X 10% Owner
- Officer (give title below) SVP- Chief Information Officer /
- Other (specify below)

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

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 Beneficially Owned

<table>
<thead>
<tr>
<th>Title of Security</th>
<th>Amount of Securities Beneficially Owned</th>
<th>Ownership Form: Direct (D) or Indirect (I)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Stock</td>
<td>320.0000</td>
<td>D</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Title of Derivate Security</th>
<th>Date Exercisable and Expiration Date (MM/DD/YYYY)</th>
<th>Date Exercisable</th>
<th>Expiration Date</th>
<th>Title</th>
<th>Amount or Number of Shares</th>
<th>Conversion or Exercise Price of Derivative Security</th>
<th>Ownership Form of Derivative Security: Direct (D) or Indirect (I)</th>
<th>Nature of Indirect Beneficial Ownership Form of Derivative Security (Instr. 5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stock Option (Right to Buy)</td>
<td>9/12/2018 (1)</td>
<td>9/12/2027</td>
<td>Common Stock</td>
<td>2150.0000</td>
<td>$135.5700</td>
<td>D</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Explanation of Responses:**

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

**Reporting Owners**

<table>
<thead>
<tr>
<th>Reporting Owner Name / Address</th>
<th>Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>McNulty John J</td>
<td>Director, 10% Owner, Officer, SVP- Chief Information Officer</td>
</tr>
<tr>
<td>1221 BROADWAY OAKLAND, CA 94612-1888</td>
<td></td>
</tr>
</tbody>
</table>

**Signatures**

By Cheryl Brice, Attorney-in-Fact for 7/12/2018

**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 5(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.