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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person
Baker Jeff
1221 BROADWAY
OAKLAND, CA 94612-1888

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

5. Relationship of Reporting Person(s) to Issuer
(Check all applicable)
_____ Director
_____ 10% Owner
X Officer (give title below)
_____ Other (specify below)

5. Title of Securities
Common Stock

7. Date of Earliest Transaction (MM/DD/YYYY)
8/22/2019

4. Trans. Date
8/22/2019

4. Trans. Date
8/22/2019

7. Nature of Indirect Beneficial Ownership (Instr. 4)
Code
V
Amount (A) or (D)
728.0000
Price
$159.1500

3. Trans. Code (Instr. 8)
A

6. Amount of Securities Beneficially Owned Following Reported Transaction(s)
4457.0000

1. Title of Security (Instr. 3)
Common Stock

7. Date Exercisable and Expiration Date

3. Trans. Date
8/22/2019

3. Trans. Date
8/22/2019

7. Date Exercisable and Expiration Date

6. Amount of Securities Beneficially Owned Following Reported Transaction(s)
4204.0000

Common Stock

2. Conversion or Exercise Price of Derivative Security

2. Derivative Security Date, if any

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Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

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

Explanation of Responses:
(1) Settlement of 2016 Performance Unit Grant that vested 8/22/2019.

Reporting Owners

Reporting Owner Name / Address
Baker Jeff
1221 BROADWAY
OAKLAND, CA 94612-1888

Relationships
Director
10% Owner
Officer

X VP - CAO & Corp Controller

Signatures
By Angela Hilt, Attorney-in-Fact

8/26/2019

Signature of Reporting Person
Date

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).


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.