### FORM 4

☐ Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

☐ Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

OMB APPROVAL
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# 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 *					2. Issuer Name and Ticker or Trading Symbol								5. Relationship of Reporting Person(s) to Issuer			
WEINER RUSSELL J				C	CLOROX CO /DE/ [ CLX ]							(Check all app	olicable)			
(Last) (First) (Middle)				3.	3. Date of Earliest Transaction (MM/DD/YYYY)							X_ Director	X Director10% Owner  Officer (give title below) Other (specify below)			
1221 BROADWAY					3/28/2024							Officer (grv	e title below	/)Ou	ier (specify t	below)
(Street)					4. If Amendment, Date Original Filed (MM/DD/YYYY)							6. Individual or Joint/Group Filing (Check Applicable Line)				
OAKLAND, CA 94612-1888													X _ Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City) (State) (Zip)											Form filed by	Point fried by More than One Reporting Person				
			Table I - I	Non-De	riva	tive Secu	ırities Ac	equire	ed, Di	isposed o	of, or Be	neficially Owne	d			
1. Title of Security (Instr. 3) 2. Trans. D			rans. Date	Pate 2A. Deemed Execution Date, if any  Code  3. Trans. Co (Instr. 8)			Trans. Code nstr. 8)  4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			) ` [	ollowing Reported Transaction(s) Ownership Form: Benefi Direct (D) Ownership of Indi Benefi Owner			Beneficial Ownership		
								V	Amou	(A) or (D)	r Price				or Indirect (Instr. 4) (I) (Instr. 4)	
	Tal	ble II - Der	rivative Se	curities	Ben	neficially	Owned	(e.g.,	puts,	calls, wa	arrants,	options, conver	tible secu	ırities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)					7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following	Ownership Form of Derivative	11. Nature of Indirect Beneficial Ownership (Instr. 4)
	Security			Code	: V (A)		(D)	Date Exerc	Expiration Date		Title	Amount or Number of Shares		Reported Transaction(s) (Instr. 4)	or Indirect	
Deferred Stock Units	(1)	2/9/2024		A (2)	v	95.5	5271	9	<u>(3)</u>	<u>(3)</u>	Common Stock	95.5271	\$0	12,291.1513	D	
Deferred Stock Units	(1)	3/28/2024		A (4)		171.4	454	ļ	(3)	<u>(3)</u>	Common	171.4454	\$0	12,462.5967	D	

### **Explanation of Responses:**

- **(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 in connection with the reporting person's retirement or other termination of service as a Director.
- (4) Receipt of Deferred Stock Units in lieu of receipt of quarterly director's fees.

Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
WEINER RUSSELL J							
1221 BROADWAY	X						
OAKLAND, CA 94612-1888							

#### **Signatures**

By Cheryl Brice, Attorney-in-Fact for

4/2/2024

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).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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.