

☐ 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 OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

## 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 <b>and</b> Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
Fleischer Spencer C	CLOROX CO /DE/ [ CLX ]					
(Last) (First) (Middle)	3. Date of Earliest Transaction (MM/DD/YYYY)	_X_ Director10% Owner Officer (give title below)Other (specify below)				
1221 BROADWAY	3/28/2024					
(Street)	4. If Amendment, Date Original Filed (MM/DD/YYYY)	6. Individual or Joint/Group Filing (Check Applicable Line)				
OAKLAND, CA 94612-1888 (City) (State) (Zip)	-	X Form filed by One Reporting Person Form filed by More than One Reporting Person				

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

					· 1					
1. Title of Security	2. Trans. Date	2A. Deemed	3. Trans. Co	de	4. Securit	ies Acquir	ed (A)	5. Amount of Securities Beneficially Owned	6.	7. Nature
(Instr. 3)		Execution	(Instr. 8)		or Dispos	ed of (D)		Following Reported Transaction(s)	Ownership	of Indirect
		Date, if any			(Instr. 3, 4	4 and 5)		(Instr. 3 and 4)		Beneficial
									Direct (D)	Ownership
									or Indirect	(Instr. 4)
						(A) or			(I) (Instr.	
			Code	V	Amount	(D)	Price		4)	

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

	Tuble 11 Derivative Scentifics Deficienting O when (e.g., puts), cans, with tuble securities)														
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date		4. Trans. Code (Instr. 8)		5. Number of Derivative Secur Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5	rities	6. Date Exe and Expirat		7. Title and A Securities U Derivative S (Instr. 3 and	nderlying lecurity	Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following	Ownership Form of	Beneficial Ownership
	Security			Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			or Indirect	
Deferred Stock Units	<u>(1)</u>	2/9/2024		A (2)	v	119.9773		<u>(3)</u>	<u>(3)</u>	Common Stock	119.9773	\$0	15,437.0763	D	
Deferred Stock Units	(1)	3/28/2024		A <sup>(4)</sup>		204.1016		<u>(3)</u>	( <u>3)</u>	Common Stock	204.1016	\$0	15,641.1779	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**

Banarting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Fleischer Spencer C							
1221 BROADWAY	X						
OAKLAND, CA 94612-1888							

#### Signatures

## By Cheryl Brice, Attorney-in-Fact for

\*\*Signature of Reporting Person

4/2/2024 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).
- \*\* 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.