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

OMB APPROVAL

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 (Check all applicable)					
Plaines Stephanie					CLOROX CO /DE/ [CLX]							X Director	,	100	% Owner			
(Last	(Last) (First) (Middle)				3. Date of Earliest Transaction (MM/DD/YYYY)								Officer (give title below) Other (specify below)					
1221 BROADWAY						3/28/2024												
(Street)					4. If Amendment, Date Original Filed (MM/DD/YYYY)								6. Individua	6. Individual or Joint/Group Filing (Check Applicable Line)				
OAKLAND, CA 94612-1888													_X _ Form filed by One Reporting Person					
(City) (State) (Zip)												Form filed	Form filed by More than One Reporting Person					
					_				•	, Di	sposed o		eneficially Ow					
1.Title of Security (Instr. 3) 2. Trans. D				rans. Date	Exe	Deemed cution e, if any	3. Trans. Code (Instr. 8)		or	4. Securities Acqu or Disposed of (D (Instr. 3, 4 and 5)			. Amount of Securities Beneficially Owned following Reported Transaction(s) (Instr. 3 and 4)			Ownership Form: Direct (D)	Beneficial Ownership	
							Code	e	V A	Amou	(A) or (D)	r Price				or Indirect (I) (Instr. 4)	(Instr. 4)	
	Tal	ble II - Der	ivative Se	curities	Ben	eficially	Owne	ed (a	<i>e.g</i> ., pu	uts,	calls, wa	ırrants,	options, conv	ertible sec	urities)			
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	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)			6. Date Exercisable and Expiration Date		Securities	nd Amount of Underlying e Security nd 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following	Form of	Beneficial		
	Security			Code	de V	(A)	(Date Exercisa		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	22.5	5566		<u>(3)</u>		<u>(3)</u>	Commo Stock	n 22.556	6 \$0	2,902.2825	D		
Deferred Stock Units	(1)	3/28/2024		A (4)		171.4	1454		<u>(3)</u>		<u>(3)</u>	Commo Stock	n 171.445	4 80	3,073.7279	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

Penarting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Plaines Stephanie								
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.