

CLOROX CO /DE/
Form 5
August 15, 2005

FORM 5

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

Check this box if
no longer subject
to Section 16.
Form 4 or Form
5 obligations
may continue.
See Instruction
1(b).
Form 3 Holdings
Reported
Form 4
Transactions
Reported

**ANNUAL STATEMENT OF CHANGES IN BENEFICIAL
OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
30(h) of the Investment Company Act of 1940

OMB APPROVAL

OMB
Number: 3235-0362
Expires: January 31,
2005
Estimated average
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1. Name and Address of Reporting Person *
MICHAEL GARY G

(Last) (First) (Middle)

1221 BROADWAY

(Street)

OAKLAND, CA 946121888

(City) (State) (Zip)

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

3. Statement for Issuer's Fiscal Year Ended
(Month/Day/Year)
06/30/2005

4. If Amendment, Date Original
Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to
Issuer

(Check all applicable)

☒ Director ☐ 10% Owner
☐ Officer (give title below) ☐ Other (specify below)

6. Individual or Joint/Group Reporting

(check applicable line)

☒ 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. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (D) Price	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
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Reminder: Report on a separate line for each class of
securities beneficially owned directly or indirectly.

**Persons who respond to the collection of information
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SEC 2270
(9-02)

**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
(e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Price of Underlying Securities (Instr. 3 and 4)
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Security					(A) or Disposed of (D) (Instr. 3, 4, and 5)		Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
					(A)	(D)					
Deferred Stock Units	Â	05/13/2005	Â	J ⁽²⁾	5.32	Â	Â ⁽³⁾	Â ⁽³⁾	Common Stock	5.32	\$ 5
Deferred Stock Units	Â	08/13/2004	Â	J ⁽²⁾	2.36	Â	Â ⁽³⁾	Â ⁽³⁾	Common Stock	2.36	\$ 5
Deferred Stock Units	Â	11/15/2004	Â	J ⁽²⁾	2.17	Â	Â ⁽³⁾	Â ⁽³⁾	Common Stock	2.17	\$ 5
Deferred Stock Units	Â	12/31/2004	Â	A ⁽⁴⁾	632	Â	Â ⁽³⁾	Â ⁽³⁾	Common Stock	632	\$ 5
Deferred Stock Units	Â	02/15/2005	Â	J ⁽²⁾	5.01	Â	Â ⁽³⁾	Â ⁽³⁾	Common Stock	5.01	\$ 6

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
MICHAEL GARY G 1221 BROADWAY OAKLAND,Â CAÂ 946121888	Â X	Â	Â	Â

Signatures

By: By Laura Stein,
Attorney-in-Fact for

08/15/2005

__Signature of Reporting Person

Date

Explanation of Responses:

* 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).

(1) \$0.00 Conversion Price

(2) Deferred Stock Units acquired through dividend reinvestment during the fiscal year pursuant to the Independent Directors' Stock-Based Compensation Plan.

(3) The Deferred Stock Units accrued pursuant to the Independent Directors' Stock-Based Compensation Plan will be settled 100% in Clorox stock upon the reporting person's retirement or other termination of service as a Director.

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(4) Annual \$10,000 award of Deferred Stock Units pursuant to the Independent Directors' Compensation Plan.

Note: File three copies of this Form, one of which must be manually signed. If space provided is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.