FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
-------------	------	-------

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

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* HOLT VICTORIA M			<u>SN</u>	2. Issuer Name and Ticker or Trading Symbol SMITH A O CORP [AOS]							(Ch	eck all applic	tionship of Reporting Pers all applicable) Director		on(s) to Issu			
(Last)	,	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 04/11/2023								Officer below)	(give title		Other (s below)	pecify
A. O. SMITH CORPORATION 11270 WEST PARK PLACE				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street)	JKEE W	T.	53224											Form filed by More than One Reporting Person				- 1
(City)	(S	tate)	(Zip)		- Ri	Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction of the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.							n or written p	olan tha	at is intended	to satisfy		
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)				Execution Date,		Transaction Disposed (Code (Instr. 5)		ies Acquired (A) or Of (D) (Instr. 3, 4 and		5. Amour Securitie Beneficia Owned F	s For ally (D) ollowing (I) (: Direct I · Indirect I str. 4) (7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	ion(s)			(Instr. 4)	
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 Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	oate, T	4. Transaction Code (Instr. 8)		Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		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 Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	on(s)		
Restricted Stock Units	\$0.0	04/11/2023			A		2,126 ⁽¹⁾		(2)		(2)	Common Stock	2,126	\$65.86	6,439 ⁽³	3)	D	

Explanation of Responses:

- 1. Payment of retainer in Restricted Stock Units under the A. O. Smith Nonqualified Deferred Compensation Plan based on the average of the high and the low price of Common Stock on April 11, 2023.
- 2. The Plan permits the participant to defer the receipt of the award, and Ms. Holt has made a deferral.
- 3. The Restricted Stock Units receive a quarterly dividend pursuant to a dividend reinvestment feature of the A. O. Smith Nonqualified Deferred Compensation Plan. The total amount of the dividends received

Remarks:

James F. Stern, Attorney-in-Fact for Victoria M. Holt

04/13/2023

** 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).
- ** 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 Number.