FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| sillington, D.C. 20549 | OMB APPROVAL |
|------------------------|--------------|
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|   | OMB Number:          | 3235-0287 |  |  |  |  |  |  |  |  |
|   | Estimated average bu | ırden     |  |  |  |  |  |  |  |  |
|   | 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

|   |   |  |  |         |   |   | ٠,       |   |   |                                  |   |  |   |  |   |   |  |  |
|---|---|--|--|---------|---|---|----------|---|---|----------------------------------|---|--|---|--|---|---|--|--|
| 1. Name and Address of Reporting Person*  Petrarca Mark A |   |  |  |         | 2. Issuer Name <b>and</b> Ticker or Trading Symbol SMITH A O CORP [ AOS ] |   |          |   |   |                                  |   |  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify |  |   |   |  |  |
|   | ast) (First) (Middle)   |  |  |         |   | 3. Date of Earliest Transaction (Month/Day/Year) 02/10/2014 |          |   |   |                                  |   |  | helow)  |  | b   | elow)   |  |  |
| 11270 WEST PARK PLACE                                     |   |  |  |         | 4. If   | If Amendment, Date of Original Filed (Month/Day/Year)       |          |   |   |                                  |   |  | 6. Individual or Joint/Group Filing (Check Applicable   |  |   |   |  |  |
| (Street) MILWAUKEE WI 53224                               |   |  |  |         |   |   |          |   |   |                                  |   |  | Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting  Person                                      |  |   |   |  |  |
| (City) (State) (Zip)                                      |   |  |  |         |   |   |          |   |   |                                  |   |  | I GISUII  |  |   |   |  |  |
|   |   | Tab  | le I - Nor                                     | ı-Deriv | ative   | Se  | curities | s Ac                                    | quired, D                                     | isposed                          | of, or Be                                 | neficia  | lly Owned   | i  |   |   |  |  |
| 1. Title of Security (Instr. 3)  2. Transa Date (Month/D  |   |  |  |         | ır) l   | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |          | r, Transaction Disposed Code (Instr. 5) |   | urities Acquii<br>sed Of (D) (In |   | Benefici<br>Owned I  | es<br>ally<br>Following   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)  |   | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |  |  |
|   |   |  |  |         |   |   | Code V   | Amou                                    | nt (A) 0                                      | Price                            | Reporte<br>Transac<br>(Instr. 3           | tion(s)  |   |  | (Instr. 4)  |   |  |  |
|   |   | 7  |  |         |   |   |          |   | uired, Dis<br>s, options                      |                                  |   |  | y Owned   |  |   |   |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)       | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deeme<br>Execution<br>if any<br>(Month/Day | Date,   | 4.<br>Transaction<br>Code (Instr.<br>8)                                   |   |          |   | 6. Date Exerc<br>Expiration D.<br>(Month/Day/ | ate                              | Amount of Securities Underlyin Derivative | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative Security<br>(Instr. 3 and 4) |   | 9. Number<br>derivative<br>Securities<br>Beneficiall<br>Owned<br>Following<br>Reported<br>Transactio<br>(Instr. 4) | Ownersh<br>Form:<br>Direct (D)<br>or Indirec<br>(I) (Instr. |   | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|   |   |  |  |         | Code  | v   | (A)      | (D)                                     | Date<br>Exercisable                           | Expiratio<br>Date                | n<br>Title                                | Amount<br>or<br>Number<br>of<br>Shares   |   |  |   |   |  |  |
| Employee<br>Stock<br>Options<br>(Right to<br>Buy)         | \$46.47   | 02/10/2014                                 |  |         | A   |   | 8,300    |   | (1)   | 02/10/202                        | 4 Common<br>Stock                         | 8,300  | \$0   | 46,500   |   | D   |  |  |
| Restricted<br>Stock<br>Units                              | \$46.47   | 02/10/2014                                 |  |         | A   |   | 2,950    |   | (2)   | (2)                              | Common<br>Stock                           | 2,950  | \$0   | 11,550   |   | D   |  |  |

## Explanation of Responses:

- 1. The employee stock options were granted on 02/10/2014 under the A. O. Smith Combined Incentive Compensation Plan, a transaction exempt under Rule 16b-3. The options become exercisable in three annual installments of 1/3 of the award starting on 02/10/2015.
- 2. The restricted stock units were granted on 02/10/2014 under the A. O. Smith Combined Incentive Compensation Plan, a transaction exempt under Rule 16b-3. The restricted stock units become payable in Common Stock on the vesting date of 02/10/2017.

## Remarks:

<u>James F. Stern, Attorney-in-</u> <u>Fact for Mark A. Petrarca</u>

02/12/2014

\*\* 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.