FORM 4

obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5

| OMB APPROVAL | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average h | urdon | | | | | | | |

hours per response: 0.5

| 1. Name and Address of Reporting Person* KITA JOHN J | | | | | 2. Issuer Name and Ticker or Trading Symbol SMITH A O CORP [AOS] | | | | | | | | | Check all a Dir V Off | ationship of Reporting k all applicable) Director Officer (give title below) | | erson(s) to Is 10% O Other (below) | wner | |
|---|--|------------|--|--------|--|---|-------|---|---|--|------------------|--|---|---|--|---|--|--|--|
| (Last) (First) (Middle) A. O. SMITH CORPORATION 11270 WEST PARK PLACE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/08/2010 | | | | | | | | | , | ., Corp. | Fin. & Co | nt | |
| (Street) MILWAI (City) | | | 53224 (Zip) | | 4. If | | | | | | | | | ne) X Fo | ' | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year | | e, Transaction Dispose Code (Instr. 5) | | rities Acquired (A ed Of (D) (Instr. 3, | | nd Secu Bene Own | 5. Amount of Securities Beneficially Owned Following Reported | | Ownership m: Direct or Indirect Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | Code | v | Amount | (A) or (D) Price | | Tran | Transaction(s) (Instr. 3 and 4) | | | (1130.1.4) | | |
| | 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 | | 3A. Deemed Execution D if any (Month/Day/ | ate, T | 4. Transactior Code (Instr. 8) | | | | 6. Date Exercis Expiration Date (Month/Day/Ye | | | 7. Title and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4) | | 8. Price Derivati Security (Instr. 5 | deriv Secu Bene Owne Follo Repo | rities ficially ed wing rted saction(s) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | c | Code | v | (A) | (D) | Date Exercisable | | expiration vate | Title | Amour or Number of Shares | | | | | | |
| Employee Stock Options (Right to Buy) | \$41.895 | 02/08/2010 | | | A | | 4,300 | | (1) | 0 | 2/08/2020 | Common Stock | 4,300 | \$0 | 4 | 2,000 | D | | |
| Restricted Stock Units | \$41.895 | 02/08/2010 | | | A | | 1,600 | | (2) | | (2) | Common Stock | 1,600 | \$0 | 8 | 3,200 | D | | |

Explanation of Responses:

- 1. The employee stock options were granted on 02/08/2010 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 02/08/2011.
- 2. The restricted stock units were granted on 02/08/2010 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 02/08/2013.

Remarks:

James F. Stern, Attorney-in-Fact for John J. Kita

02/10/2010

** 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.