FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APP	ROVAL						
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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

1. Name and Address of Reporting Person* Warren David R 2. Date of Event Requiring Statement (Month/Day/Year) 08/18/2017			nent	3. Issuer Name and Ticker or Trading Symbol SMITH A O CORP [AOS]								
	(First) CORPORATI SEE WALTZ					tionship of Reporting Pers all applicable) Director Officer (give title below)	10 Ot) to Issuer 0% Owne other (spec	r	(Mon	Amendment, Da th/Day/Year) 7/2017	ate of Original Filed
(Street) ASHLAND CITY (City)	TN (State)	37015 (Zip)				Senior VP & Preside		,			cable Line) Form filed by	/Group Filing (Check y One Reporting Person y More than One erson
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4) 3. Ownership Form: Direct (D or Indirect (I) (Instr. 5)		t (D) (I	4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Common Stoc	k					2,730		D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable Expiration Date (Month/Day/Year)			ate	Underlying Derivative Security (Instr. 4) Conv		Convers	rcise Form:		6. Nature of Indirect Beneficial Ownership (Instr. 5)			
			Date Exercisable	Expiration Date	n Title)	OI N Of	lumber	Price of Derivativ Security	ve	Direct (D) or Indirect (I) (Instr. 5)	

Explanation of Responses:

Remarks:

James F. Stern, Attorney-in-Fact for David R. Warren

08/18/2017

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (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).