Instruction 1(b)

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|------------|---------------|-----------|
| | | | |

| | OMB APPROVAL | | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | | |
| | Estimated average burden | | | | | | | | | |
| 1 | hours nor rosponso: | 0.5 | | | | | | | | |

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* <u>Goodwin Wallace E</u> | | | | | | 2. Issuer Name and 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 | | | | |
|-------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------|----------------|-------------------------------|--------------------------------------------------------------------|--------------|----------------------------------------------------------------|------------------------------------------------------|------------|---------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------|
| | IVAR, LLC | • | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/08/2019 | | | | | | | | X below) Preside | · | | | |
| (Street) LEBAN(| | | 37090 (Zip) | | 4.1 | ndment, | , Date of | Original Filed (Month/Day/Year) | | | | | e) X Form f Form f | ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tal | ole I - No | n-Deriv | vativ | e Se | curitie | es Aco | uired, | Dis | posed o | f, or Ber | neficial | ly Owned | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | action | action 2A. Deemed Execution Date, if any | | 3. 4. Securities Acquir Transaction Disposed Of (D) (Instr. | | es Acquire | d (A) or | 5. Amou Securitie Benefici Owned I | 5. Amount of 6. C Securities For Beneficially (D) Owned Following (I) (I | | : Direct Indirect Istr. 4) | 7. Nature of ndirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Transac | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | |
| Common Stock 02/08/ | | | | 8/201 | /2019 | | A | | 2,190 ⁽¹⁾ A | | \$48. | 72 15 | 15,973 | | D | | | |
| Common Stock 02/08/ | | | 3/201 | /2019 | | F | | 843 D S | | \$48. | 72 15 | 15,130 | | D | | | | |
| | | • | Table II - | | | | | | | | osed of, onvertib | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution I if any (Month/Day | d 4 Date, 1 | e, Transaction Code (Instr | | n Derivative | | 6. Date Exercis Expiration Date (Month/Day/Yea | | able and 7. Title and Amount of | | d of s og e Security | 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 Exercisa | ble | Expiration Date | Title | Amount or Number of Shares | | (Instr. 4) | 011(0) | | |
| Restricted Stock Units | \$48.72 | 02/08/2019 | | | М | | | 2,190 | (1) | | (1) | Common Stock | 2,190 | \$0 | 2,645 | 5 | D | |
| Restricted Stock Units | \$49.42 | 02/11/2019 | | | A | | 1,670 | | (2) | | (2) | Common Stock | 1,670 | \$0 | 4,315 | 5 | D | |
| Employee Stock Options (Right to | \$49.42 | 02/11/2019 | | | A | | 7,620 | | (3) | | 02/11/2029 | Common Stock | 7,620 | \$0 | 69,75 | 5 | D | |

Explanation of Responses:

- 1. 2,190 Restricted Stock Units were granted on 02/08/2016, under the A. O. Smith Combined Incentive Compensation PLan, a transaction exempt under Rule 16b-3. 2,190 Restricted Stock Units vested on 02/08/2019. As a result of vesting, the Company is obligated to deliver 2,190 shares of Common Stock to the reporting person.
- 2. The restricted stock units were granted on 02/11/2019 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 02/11/2022.
- 3. The employee stock options were granted on 02/11/2019 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 02/11/2020.

Remarks:

James F. Stern, Attorney-in-Fact for Wallace E. Goodwain

02/12/2019

** 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.