FORM 4

obligations may continue. See

Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
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OMB APPROVAL OMB Number: Estimated average burden hours per response: 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* Gurholt Helen E							2. Issuer Name and Ticker or Trading Symbol SMITH A O CORP [AOS]										of Reporting P cable) or (give title		10% Ov	vner	
(Last) (First) (Middle) A. O. SMITH CORPORATION 11270 WEST PARK PLACE						3. Date of Earliest Transaction (Month/Day/Year) 02/10/2020										X Officer (give title Other (specify below) Vice President and Controller					
(Street) MILWAUKEE WI 53224 (City) (State) (Zip)					,	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	le I - Nor	n-Deriv	ative	Se	curities	s Ac	qu	ired, I	Disp	osed o	of, or E	ene	ficiall	y Owne	t				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						- 1	2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transac Code (I 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			(A) or 3, 4 and		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
										Code	v	Amount	(A) (D)	or	Price		ansaction(s) estr. 3 and 4)			(Instr. 4)	
Common	Stock												1,1	,100(1)		D					
		Т	able II -				urities s, warr									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 if any (Month/Da	Date,	4. Transaction Code (Instr 8)		5. Num of Derivat Securit Acquir (A) or Dispos of (D) (Instr. ; and 5)	Exp	6. Date Exercisable Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Dat	te ercisable		kpiration ate	Title	or Nu of	ımber						
Employee Stock Options (Right to Buy)	\$42.39	02/10/2020			A		6,015			(2)	02	2/10/2030	Commo Stock	6	,015	\$0	16,36	5	D		
Restricted Stock	\$42.39	02/10/2020			A		1 155			(3)		(3)	Commo	1 1	.155	\$0	2 200		D		

Explanation of Responses:

- 1. Ms. Gurholt is a participant in the A. O. Smith Dividend Reinvestment Plan ('Plan'') and receives a quarterly dividend pursuant to the Plan. The total amount of dividends received was 6 shares of Common Stock.
- 2. The employee stock options were granted on 02/10/2020 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 02/10/2021.
- 3. The restricted stock units were granted on 02/10/2020 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 02/10/2023.

Remarks:

Units

James F. Stern, Attorney-in-Fact for Helen E. Gurholt

02/12/2020

** 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.