#### FORM 5

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

Washington,	D.C.	20549

# ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

l	OMB APPRO	)VAL
	OMB Number:	3235-0362
l	Estimated average burd	len
l	hours per response:	1.0

Form 3 Holdings Reported.

Instruction 1(b)

m 4 Transactions Donortod

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

Form 4	FITAIISACIIOTIS	керопеа.		or Section	n 30(	n) of the	e Investm	nent C	company Ac	t of 1940	)							
1. Name and Address of Reporting Person* SMITH BRUCE M					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)						
SWITH BROCE M												X	Compared to the compared to	or 10% Ov		Owner		
(Last) (First) (Middle) SMITH INVESTMENT COMPANY					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2008							Officer (give title Other (specify below) below)						
11270 W	EST PARK	C PLACE		4. If Amer	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) MILWAUKEE WI 53224				_								X Form filed by One Reporting Person  Form filed by More than One Reporting Person						
(City) (State) (Zip)																		
		Tab	le I - Non-Deri	vative Sec	curit	ies A	cquire	d, Di	sposed	of, or I	Benefic	iall	y Owned	t				
, , , , , , , , , , , , , , , , , , ,			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)				5. Amoun Securities Beneficial Owned at		s Owner		ship li Direct E	. Nature of idirect eneficial wnership	
				(Month/Day/Year)		8)		Amou	nt	(A) or (D) Price			Issuer's F Year (Insti	iscal Ìndire		:t (I)   (I	nstr. 4)	
Common Stock													2,649			I I	By Plan <sup>(1)</sup>	
Common Stock 12/17/2008				G		G	1	<b>27</b> <sup>(2)</sup>	D \$0			14,670		]		ee ootnote <sup>(3)</sup>		
		Т	able II - Deriva (e.g., ¡	ative Secu outs, calls									Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year)		3A. Deemed Execution Date, if any (Month/Day/Year)	Transaction of Code (Instr. 8) Se Ac (A) Dis		Expira		e Exercisable and ation Date h/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership t (Instr. 4)	
					(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amou or Numb of Share	er						
Phantom Stock	\$0						(4)		(4)	Commo				7,10	60	D		
Class A Common	\$0 <sup>(5)</sup>	12/17/2008		G		657 <sup>(2)</sup>	(6)		(7)	Commo		2)	\$0	75,9	009	I	See	

### **Explanation of Responses:**

- 1. Shares deferred under the A. O. Smith Corporation Directors' Deferred Compensation Plan.
- 2. Dispositions reported above represent proportionate interest in gift of 270 shares of Smith Investment Company ("SICO") common stock.
- 3. Represents holdings of SICO common Stock.
- 4. The Plan permits the participant/recipient to defer receipt of the award, and Mr. Smith has made a deferral.
- 5. 1 for 1
- 6. Convertible at any time.
- 7. None
- 8. No change

## Remarks:

James F. Stern, Attorney-in-Fact for Bruce M. Smith

01/23/2009

\*\* 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.