SEC Form 4

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| \Box | Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). |
|--------|--|
| | Instruction 1(d). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| OMB APPI | ROVAL |
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| hours per response: | 0.5 |

| 1. Name and Address of Reporting Person [*] <u>KITA JOHN J</u> | | | 2. Issuer Name and Ticker or Trading Symbol <u>SMITH A O CORP</u> [AOS] | | ationship of Reporting Pe < all applicable) Director | erson(s) to Issuer 10% Owner | |
|--|------------|----------|---|------------|--|---------------------------------|--|
| (Last) (First) | | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) | _ X | Officer (give title below) | Other (specify below) | |
| A. O. SMITH C | ORPORATION | | 05/20/2016 | | Executive Vice President & CFO | | |
| 11270 WEST P. | ARK PLACE | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6 Indiv | vidual or Joint/Group Filir | n (Check Applicable | |
| (Street) | | | | Line) | · | | |
| MILWAUKEE | WI | 53224 | | X | Form filed by One Re | 5 | |
| (City) | (State) | (Zip) | — | | Person | | |
| | | (| | | | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any | 3. 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) Code (Instr. | | | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect | 7. Nature of Indirect Beneficial | | |
|---------------------------------|--|---|---|--|--------|---|---|--|---|-------------------------|
| | | (Month/Day/Year) | 8) Code V | | Amount | nount (A) or (D) Price | | Reported Transaction(s) (Instr. 3 and 4) | | Ownership (Instr. 4) |
| Common Stock | 05/20/2016 | | М | | 11,000 | A | \$22.985 | 58,667 | D | |
| Common Stock | 05/20/2016 | | S | | 11,000 | D | \$80.5493 | 47,667 | D | |

 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 | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of | | 6. Date Exercisable and Expiration Date (Month/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. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Employee Stock Options (Right to Buy) | \$22.985 | 05/20/2016 | | М | | | 11,000 | (1) | 02/13/2022 | Common Stock | 11,000 | \$0 | 64,165 | D | |

Explanation of Responses:

1. The employee stock options were granted on 02/13/2012 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 02/13/2013.

Remarks:

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

05/20/2016

** 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.