FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

wasnington, D.C. 20549

<b>STATEMENT</b>	OF CHANGE	S IN BENEFI	<b>CIAL OWN</b>	<b>ERSHIP</b>

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
haura nar raananaa.	٥٦							

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

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

Name and Address of Reporting Person*     SMITH BRUCE M					2. Issuer Name and Ticker or Trading Symbol SMITH A O CORP [ AOS ]										neck all ap			10% Ow		er		
(Last) (First) (Middle) A. O. SMITH CORPORATION					3. Date of Earliest Transaction (Month/Day/Year) 04/11/2016										Offi belo	cer (give ow)	title	Othe belov	(specify)	у		
11270 WEST PARK PLACE					4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) MILWA	Street) MILWAUKEE WI 53224															X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	state)	(Zip)																			
		Tab	le I - Nor	-Deriv	ative	Se	curitie	s Ac	cqu	ired, I	Disp	osed	of, or	Ben	eficia	lly Own	ed					
Date				action Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Yea		'	3. Transa Code (I 8)	saction Dispos		rities Ac ed Of (D		d (A) or . 3, 4 an	d Secu Bene Owne	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		ture lirect ficial ership		
										Code	v	Amount	t (A) or (D)		Price	Trans	action(s . 3 and 4			(instr.	(Instr. 4)	
Common Stock															7,946		D <sup>(1)</sup>					
Common Stock															1,200		I		ust <sup>(2)</sup>			
		Т	able II - I (	Deriva (e.g., p												/ Owne	d					
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/Day	Date,	4. Transaction Code (Instr. 8)				6. Date Exercisa Expiration Date (Month/Day/Year			7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)			8. Price Derivativ Security (Instr. 5)	deriv Secu Bend Own Follo Repo	owing orted saction(s	Ownersh Form: Direct (D or Indire (I) (Instr.	ip of Ir Ben Owi ct (Ins	Nature ndirect neficial nership str. 4)		
					Code	v	(A)	(D)	Dat Exe	te ercisable		opiration	Title	0 0	Amount or Jumber of Shares							
Restricted Stock Units <sup>(3)</sup>	\$76.895	04/11/2016			A		1,561			(4)		(4)	Comm		1,561	\$0	50	5,878 <sup>(5)</sup>	D			
Class A Common Stock	\$0 <sup>(6)</sup>									(7)		(8)	Comm		0		2	26,982	I	In tr	rust <sup>(2)</sup>	

## Explanation of Responses:

- 1. Shares deferred under the A. O. Smith Nonqualified Deferred Compensation Plan.
- 2. The reporting person beneficially owns these shares as settlor of a revocable family trust.
- 3. Payment of retainer in Restricted Stock Units under the A. O. Smith Nonqualified Deferred Compensation Plan based on the market price of the Common Stock on April 11, 2016.
- $4. \ The \ Plan \ permits \ the \ participant \ to \ defer \ receipt \ of \ the \ award, \ and \ Mr. \ Smith \ has \ made \ a \ deferral.$
- 5. The Restricted Stock Units receive a quarterly dividend pursuant to a dividend reinvestment feature of the A. O. Smith Nonqualified Deferred Compensation Plan. The total amount of dividends received was 482 units of Restricted Stock Units.
- 6. 1 for 1.
- 7. Convertible at any time into Common Stock.
- 8. None.

## Remarks:

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

\*\* Signature of Reporting Person

04/11/2016

Date

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

- $^{\star}$  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.