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 |
|-----------|------------|---------------|-----------|
| | | | |

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

| Name and Address of Reporting Person* OCONNOR EDWARD J | | | | | | 2. Issuer Name and Ticker or Trading Symbol SMITH A O CORP [AOS] | | | | | | | | | ationship of Reporting k all applicable) Director Officer (give title | | | son(s) to Iss 10% Ov Other (s | vner | |
|---|---|--|---|------------------------|---|---|--------|-----------------------------------|--|---|--------------------|----------------------|---|---------------------------------|--|--|--------------------------------------|--|--|--|
| (Last) (First) (Middle) A. O. SMITH CORPORATION 11270 WEST PARK PLACE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/29/2004 | | | | | | | | | ow) | | t - H | below) | | |
| (Street) MILWAU (City) | | tate) | 53224 (Zip) | n Dori | - | 4. If Amendment, Date of Original Filed (Month/Day/Year) ative Securities Acquired, Disposed of, or Benefi | | | | | | | Lir | ne) X Fo Fo Pe | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| 1. Title of Security (Instr. 3) | | | 2. Trans | 2. Transaction Date | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | ed (A) or | 5. Amou Securiti Benefic Owned | | unt of 6. 0 es Foi ially (D) Following (I) | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reporte Transac (Instr. 3 | | tion(s) | | | (Instr. 4) | |
| Common Stock | | | 01/29 | /2004 | | | | М | | 1,400 | 1,400 A | | 135 16,9 | | ,988 | | D | | | |
| Common | Stock | | | 01/29 | /2004 | | | | S | | 1,400 | D | \$31. | 8 | 15,588 D | | | | | |
| | | Т | able II - | | | | | | | | | , or Ben ble secu | | y Owne | ed | | | | | |
| 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. Transaction Code (Instr. 8) | | n of E | | 6. Date Exercisab Expiration Date (Month/Day/Year) | | Amount of | | of s g e Security | Derivat Securit | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | | Date Exercisa | | Expiration Date | Title | Amount or Number of Shares | | | | | | | |
| Employee Stock Options (Right to | \$15.135 | 01/29/2004 | | | М | | 1,400 | | 10/08/20 | 02 | 10/09/2011 | Common Stock | 1,400 | \$0 | | 52,550 |) | D | | |

Explanation of Responses:

1. Options were granted under the A. O. Smith Corporation Long-Term Executive Incentive Compensation Plan, a Rule 16b-3 Plan.

Remarks:

W. David Romoser, Attorneyin-Fact for Edward J. O'Connor

01/30/2004

** 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.