Instruction 1(b)

FORM 4

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

OMB APPROVAL

OMB Number:	3235-0287							
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSH
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

1							. ,		Investmen			01 101	10						
1. Name and Address of Reporting Person [*] Larsen Michael M					2. Issuer Name and Ticker or Trading Symbol <u>SMITH A O CORP</u> [AOS]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Larsen Michael M															Director	r		10% Ov	/ner
(Last)	(First)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 04/11/2023									Officer below)	(give title	Other (sp below)		pecify
A. O. SMITH CORPORATION 11270 WEST PARK PLACE				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
112/011	201111													X	Form fi	led by One	e Repo	rting Persor	ı
(Street)		WI	53224												Form fi Person		e than	One Repor	ting
IVIIL WAY	UKEE	VV 1	33224			ula	10hE 1		Trana	+:	مم امط	o a ti							
Rule 10b5-1(c) Transaction Indication																			
(City)	(State)	(Zip)		Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									to satisfy					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date					2A. Deemed Execution Date, if any (Month/Day/Year		Code (Instr						Securities Beneficia Owned F	5. Amount of Securities Beneficially Owned Following		Direct	7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount		(A) or (D)	Price	 Reported Transaction(s) (Instr. 3 and 4) 				(Instr. 4)		
Common	Stock														11,	425		D	
			Table II -								osed of, onvertil				Owned				
1. Title of Derivative Security (Instr. 3)	titve Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any				I. Fransa Code (I 3)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Am of Securities Underlying Derivative Sect (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code		(A)	(D)	Date Exercisat		Expiration Date	Title		Amount or Number of Shares		(Instr. 4)	011(5)		

Explanation of Responses:

\$<mark>0.0</mark>

1. Payment of retainer in Restricted Stock Units under the A. O. Smith Nonqualified Deferred Compensation Plan based on the average of the high and the low price of Common Stock on April 11, 2023.

2,126⁽¹⁾

2. The Plan permits the participant to defer the receipt of the award, and Mr. Larsen has made a deferral.

3. 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 the dividends received was 60 units of Restricted Stock Units.

(2)

Remarks:

Restricted

Stock

Units

James F. Stern, Attorney-in-Fact for Michael M. Larsen

Commor

Stock

(2)

04/13/2023

6,439⁽³⁾

D

** Signature of Reporting Person Date

2,126(2)

\$65.86

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).

04/11/2023

** 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.

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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.