SEC Form 3 FORM 3

## UNITED STATES SECURITIES AND EXCHANGE

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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

1. Name and A Carver Sa	Address of Repo Imuel M.	2. Date of E Requiring S (Month/Day	itatement /Year)	3. Issuer Name <b>and</b> Ticker or Trading Symbol <u>SMITH A O CORP</u> [ AOS ]							
(Last) 44 VANTA	(First) GE WAY	(Middle)	04/01/2021		Issuer	ationship of Reporting ( all applicable) Director	10% C	) wner	5. If Amendment, Date of Original Filed (Month/Day/Year) 04/01/2021		
(Street) NASHVILI		37228			X	Officer (give title below) SVP - Global O	below)			eck Applicable Form filed I Person	by One Reporting
(City) (State) (Zip) Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)				6		unt of Securities ially Owned (Instr.			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock						5,795	D				
Table II - Derivative Securities Beneficially Owned(e.g., puts, calls, warrants, options, convertible securities)											
Expir			Expiration Da	Date Exercisable and (piration Date lonth/Day/Year)		3. Title and Amount of Se Underlying Derivative Sec (Instr. 4)		4. Convers or Exerc	ise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr.
I I-			Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Price of Derivativ Security	ve	Direct (D) or Indirect (I) (Instr. 5)	5)

**Explanation of Responses:** 

## James F. Stern, Attorneyin-Fact for Samuel M.

05/26/2021

<u>Carver</u>

\*\* Signature of Reporting

Person

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 5 (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.

05/26/202

Date