### FORM 5

Check this box if no longer subject to

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinatan	D C	20540
Washington,	D.C.	20549

# ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

OMB APPROVAL							
OMB Number:	3235-0362						
Estimated average burden							

Section obligate Instruction	n 16. Form 4 or ions may contin tion 1(b).	Form 5 nue. <i>See</i>		STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP									Esti	OMB Number: 3235-0362 Estimated average burden hours per response: 1.0				
Form 4	1 Transactions	Reported.	Fil	ed pursuant t or Sectio					urities Excha Company Ad		f 1934							
1. Name and Address of Reporting Person* <u>Ackerman Patricia K</u>					2. Issuer Name and Ticker or Trading Symbol SMITH A O CORP [ AOS ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  V Officer (give title Other (specify						
(Last) (First) (Middle) A. O. SMITH CORPORATION 11270 WEST PARK PLACE					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2016							X Officer (give title Other (specify below) below)  VP, Investor Relations & Treas						
(Street) MILWAUKEE WI 53224				4. If Amei	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)     X    Form filed by One Reporting Person     Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)															
		Tab	le I - Non-Deri	vative Sec	uriti	es A	cquire	d, D	isposed	of, or E	Benefici	ally (	Owne	t				
Date (Month/Day/Year)			Execution I				Transaction Of (D) (Ins Code (Instr.			r Dispose	Securitie Benefici Owned a Issuer's		es Owner ally Form at end of (D) or		rship      : Direct	7. Nature of ndirect Beneficial Ownership		
			(Month/Day	(Monthibay/Tear) by		´		unt	(A) or (D) Price						ct (I)	Instr. 4)		
Common 11/22/2016						G	54		D	\$0(1)		1,64	,642(2)		D			
		Т	able II - Deriva (e.g., p	tive Secu outs, calls									vned					
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)			6. Date Exercisa Expiration Date (Month/Day/Year		e Amount of		of s ng e Security	Deri	rice of ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership (Instr. 4)	
					(A)	(D)	Date Exercisa	ıble	Expiration Date	Title	Amount or Number of Shares	per						
Employee Stock Options (Right to Buy)	\$0						(3)		(3)	Common Stock	0			21,40	16	D		
Restricted Stock	\$0						(4)		(4)	Common	0			18.78	9	D		

### **Explanation of Responses:**

- 1. Gift
- 2. On October 5, 2016, the common stock of A. O. Smith Corporation split 2-for1, resulting in the reporting person's ownership of 848 additional shares of Common Stock.
- 3. On October 5, 2016, the common stock of A. O. Smith Corporation split 2-for1, resulting in the reporting person's ownership of 10,703 additional Employee Stock Options.
- 4. On October 5, 2016, the common stock of A. O. Smith Corporation split 2-for1, resulting in the reporting person's ownership of 9,317 additional Restricted Stock Units. The Restricted Stock Units that Patricia K. Ackerman has deferred 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 155 Restricted Stock Units.

#### Remarks:

James F. Stern, Attorney-in-Fact for Patricia K. Ackerman

02/08/2017

\*\* 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.