FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO | DVAL | | | | |
|------------------------|-----------|--|--|--|--|
| OMB Number: | 3235-0287 | | | | |
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| hours per response: | 0.5 | | | | |

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

| 1. Name and Address of Reporting Person* MAPES CHRISTOPHER L | | | | | | 2. Issuer Name and Ticker or Trading Symbol SMITH A O CORP [AOS] | | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify) | | | | | |
|---|---|--|---|---------|------------|---|--|----------|-------------|--|-------|-----------|---|----------------|---|---|----------------------------|---------------|--|---|--|
| | (Last) (First) (Middle) A. O. SMITH ELECTRICAL PRODUCTS COMPANY | | | | | | f Earlie | est Tran | ısacti | ion (Mor | nth/E | oay/Year) | | helov | | √ice I | below) | рсспу | | | |
| 531 NORTH 4TH STREET | | | | | | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) TIPP CITY OH 45371-1899 | | | 99 | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) | (St | ate) (| (Zip) | | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Nor | n-Deriv | ative | Sec | curiti | ies Ac | qui | ired, C |)isp | osed o | of, or B | ene | ficial | ly Owne | d | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year | | , | Transaction Dispose Code (Instr. 5) | | | ities Acqu d Of (D) (I | | | Benefi Owned | ies cially Following | Form (D) o | n: Direct r Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | (| Code | v | Amount | (A) (D) | | Price | | ed ction(s) 3 and 4) | | | (Instr. 4) | |
| Common | Common Stock 10/22 | | | | 2/200 | /2008 | | | | M | | 8,100 | (1) | A | (1) | 1 | 17,292 | | D | | |
| | | Т | able II - | | | | | | | | | sed of | | | | Owned | | | | | |
| 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/Da | Date, | Code (Inst | | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | | illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership ct (Instr. 4) | |
| | | | | Code | Code | v | (A) | (D) | Date Exe | e ercisable | | opiration | Title | or Nu of | ımber | | | | | | |
| Phantom Stock | (1) | 10/22/2008 | | | M | | | 8,100 | | (1) | | (1) | Common | n 8 | ,100 | \$0 | 9,400 | | D | | |

Explanation of Responses:

1. 8,100 shares of phantom stock were granted on October 11, 2005, under the A. O. Smith Combined Executive Incentive Compensation Plan, a transaction exempt under Rule 16b-3. The 8,100 shares of phantom stock vested on October 22, 2008. As a result of vesting, the Company is obligated to deliver 8,100 shares of common stock to the reporting person.

Remarks:

<u>James F. Stern, Attorney-in-</u> <u>Fact for Christopher L. Mapes</u>

10/23/2008

** 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.