[]

FORM 4

obligations may continue. See

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: 3235-0287
Estimated average burden
hours per response: 0.5

| Date | | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, | 3. Transaction | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | 5. Amount of Securities Beneficially | 6. Ownership Form: Direct | 7. Nature of Indirect Beneficial | |
|---|---------|-------------|--|--|-------------------|--|--|--|------------------------------|--|--|
| | Та | able I - No | n-Derivative S | Securities Acq | uired, Dis | posed of, or Benefi | cially | Owned | | | |
| (City) | (State) | (Zip) | | | | | | | | | |
| (Street) MILWAUKEE | WI | 53224 | | | | | X | Form filed by One Form filed by Mor Person | | | |
| 11270 WEST PARK PLACE | | | 4. If A | mendment, Date of | f Original Filed | (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| 1. Name and Address of Reporting Person [*] Kempken Daniel L (Last) (First) (Middle) A. O. SMITH CORPORATION | | | | e of Earliest Transa 3/2021 | action (Month/ | Day/Year) | | Senior Vice President - | | <i>'</i> | |
| | | | | uer Name and Tick | <u>RP</u> [AOS] | ĺ | | lationship of Reporting Person(s) to Issu k all applicable) Director 10% Own Officer (give title Other (sp below) below) | | Owner (specify | |
| Instruction 1(b). | | | | nt to Section 16(a) ction 30(h) of the Ir | | es Exchange Act of 1934 npany Act of 1940 | | | |] | |

| | | (Month/Day/Year) | 8) | | | | | Owned Following | | Ownership (Instr. 4) |
|--------------|------------|------------------|------|---|--------|---------------|----------|------------------------------------|---|-------------------------|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150.4) |
| Common Stock | 03/29/2021 | | М | | 2,000 | Α | \$17.462 | 9,501 | D | |
| Common Stock | 03/29/2021 | | S | | 2,000 | D | \$70 | 7,501 | D | |
| | | | | _ | | | | _ | | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| (| | | | | | | | | | | | | | | |
|---|---|--|--|------------------------|---|-----|-------|--|--------------------|--|--|--|--------|---|--|
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | Date (Month/Day/Year) (Month/Day/Year) | | osed)) tr. 3, 4 | Expiration Date (Month/Day/Year) ired . 3, 4 | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Employee Stock Options (Right to Buy) | \$17.462 | 03/29/2021 | | М | | | 2,000 | (1) | 02/11/2023 | Common Stock | 2,000 | \$0 | 50,610 | D | |

Explanation of Responses:

1. The employee stock options were granted on 02/11/2013 under the A. O. Smith Combined Incentive Compensation Plan, a transaction exempt under Rule 16b-3. The options became exercisable in three annual installments of 1/3 of the award starting on 02/11/2014.

James F. Stern, Attorney-in-
Fact for Daniel L. Kempken03/30/2021

** 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.