FORM 4

obligations may continue. See

Instruction 1(b)

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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

Name and Address of Reporting Person* Goodwin Wallace E (Last) (First) (Middle) LOCHINVAR, LLC						2. Issuer Name and Ticker or Trading Symbol SMITH A O CORP [AOS] 3. Date of Earliest Transaction (Month/Day/Year) 01/31/2020								Relationship of Reporting Person(s) to Issuer Check all applicable) Director 10% Owner X Officer (give title other (specify below) President & GM, Lochinvar, LLC				vner specify	
300 MADDOX SIMPSON PARKWAY (Street) LEBANON TN 37090 (City) (State) (Zip)				_ 4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)								S. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye						2A. Do Execu if any (Mont	ition [3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			Benefic Owned		es ially Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price			orted saction(s) r. 3 and 4)			(Instr. 4)
Common Stock 01/31/202						0		М		6,600	Α	\$6.98	\$6.983		,779(1)		D		
Common Stock 01/31/202					020	0			S		6,600	D	\$42.91	42.9152 ⁽²⁾		15,179		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	3. Transaction Date (Month/Day/Year)	if any	emed tion Date, n/Day/Year)		Transaction Code (Instr.		umber vative urities uired or oosed O) tr. 3, 4 5)	6. Date Exerc Expiration Day (Month/Day/)		ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		De Se (In	Price of crivative curity estr. 5)		Owne Form: Direct or Ind (I) (Ins	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amoun or Numbe of Shares						
Employee Stock Options	\$6.983	01/31/2020			M			6,600	(3))	02/08/2020	Commo Stock	n 6,600		\$0	63,155		D	

Explanation of Responses:

- 1. Mr. Goodwin is a participant in the A. O. Smith Dividend Reinvestment Plan ('Plan") and receives a quarterly dividend pursuant to the Plan. The total amount of dividends received was 49 shares of Common Stock.
- 2. The price in Column 4 is a weighted average price. The prices actually received ranged from \$42.60 to \$43.53. The reporting person has provided to the issuer, and will provide to any security holder of the issuer, or the SEC staff, upon request, information regarding the number of shares sold at each price within the range for all transactions reported on this Form 4 utilizing an average weighted price.
- 3. The employee stock options were granted on 02/08/2010 under the A. O. Smith Combined Incentive Compensation Plan, a transaction exempt under Rule 16b-3. The options become exercisable in three annual installments of 1/3 of the award starting on 02/08/2011.

Remarks:

Buv)

James F. Stern, Attorney-in-Fact for Wallace E. Goodwain

02/04/2020

** 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.