FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OWNERSHIP

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ANNUAL	STATEMENT	OF CHA	ANGES IN	BENEFI	CIAL

OMB APPROVAL										
OMB Number: 3235-0362										
Estimated average burden										
hours per response:										

Instruction 1(b)

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Form 4	Transactions F	Reported.	File	ed pursuant to or Section					ities Excha ompany Ac								
1. Name and Address of Reporting Person* STERN JAMES F (Last) (First) (Middle) A. O. SMITH CORPORATION				Issuer Name and Ticker or Trading Symbol SMITH A O CORP [AOS] SMITH A O CORP [AOS] 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2016						(Relationship of Reporting Person(s) to Issuer Check all applicable) Director 10% Owner X Officer (give title Other (specification) below) below) Exec VP, General Counsel & Sec			Owner er (specify w)			
11270 WEST PARK PLACE (Street) MILWAUKEE WI 5322 (City) (State) (Zip)			53224 Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)								ine) X F	,				
		Tabl	e I - Non-Deriv	ative Sec	uritie	es Ac	quire	ed, Di	sposed	of, or	Benefici	ally Ow	ned				
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)			or Disposed	Secu Bene	nount of rities ricially	For	nership m: Direct	7. Nature of Indirect Beneficial Ownership	
				(Month/Day/	оау/теаг) б)			Amou	Amount		Price	Issu	Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)			(Instr. 4)	
Common Stock			12/08/2016			C	3	3,000		D	\$0 ⁽¹⁾	146,854			D		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	ble II - Derivat (e.g., pi	ive Secur uts, calls, 4. Transaction Code (Instr. 8)	5. Nu	rants, imber vative rities nired rosed)	6. Dat Expira (Mont	ons, o	isable and	7. Titl Amou Secul Unde Deriv Secul and 4	e and int of rities rlying ative rity (Instr. 3		of 9. Num derivat Securi Benefi Owned Follow Report	ive ties cially ing ed ction(s)	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)	

Explanation of Responses:

1. Gift

Remarks:

Wendy L. Grant, Attorney-in-Fact for James F. Stern

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.