### Edgar Filing: SMITH BRUCE M - Form 4

SMITH BR	UCE M									
Form 4	0010									
February 07										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB APPROVAL		
	Washington, D.C. 20549							OMB Number:	3235-0287	
Check the			0 /					Expires:	January 31,	
if no lon subject t		MENT OF CHA			ICI	AL OWN	NERSHIP OF	Estimated average		
Section	16.	SECURITIES						burden hours per		
Form 4 Form 5		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,							0.5	
obligatio	ons Section 17	(a) of the Public V				-		1		
may con <i>See</i> Inst	innue.	30(h) of the l	•	•	-	•		-		
1(b).				_						
(Duint ou Tours	<b>D</b> )									
(Print or Type	Kesponses)									
1. Name and	Address of Reportin	g Person <u>*</u> 2. Issu	er Name and	Ticker of	Trad	ing	5. Relationship of I	Reporting Pers	son(s) to	
SMITH BR	RUCE M		Symbol				Issuer			
		SMIT	SMITH A O CORP [AOS]				(Check all applicable)			
(Last)	(First)	(Middle) 3. Date	of Earliest Tra	ansaction			(chief)	an approact	,	
	гтт		(Month/Day/Year)				X_ Director 10% Owner Officer (give title Other (specify			
A. O. SMI	TION, 11270 W		02/06/2013				below) below)			
PARK PLA										
	(Street)	4. If An	nendment. Da	te Origin:	al		6. Individual or Joi	nt/Group Filir	g(Check	
	× ,	(Street) 4. If Amendment, Date Original Filed(Month/Day/Year)				Applicable Line)				
_X_ Form filed by							One Reporting Person fore than One Reporting			
MILWAUI	XEE, WI 53224						Person	ore than one Re	porting	
(City)	(State)	(Zip) Ta	ble I - Non-D	erivative	Secu	rities Acqu	uired, Disposed of,	or Beneficial	ly Owned	
1.Title of	2. Transaction Dat					cquired (A)		6.	7. Nature of	
Security (Instr. 3)	(Month/Day/Year)	) Execution Date, if any	Transactior Code	or Dispos (Instr. 3, -			Securities Beneficially	Ownership Form:	Indirect Beneficial	
(1150.5)		(Month/Day/Year)		(11541.5,	i una	5)	Owned	Direct (D)	Ownership	
							Following Reported	or Indirect (I)	(Instr. 4)	
					(A)		Transaction(s)	(I) (Instr. 4)		
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common							3,973	D (1)		
Stock							5,775	<sup>2</sup> _		
Common	02/06/2013		S	1,372	D	\$	12,350	Ι	In trust (2)	
Stock	02/00/2015		5	1,572	D	70.0021	12,550	-	m trust <u>···</u>	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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# 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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactiv Code (Instr. 8)	5. orNumber of Derivativ Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price o Derivativ Security (Instr. 5)
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Restricted Stock Units	\$ 0					(3)	(3)	Common Stock	0	
Class A Common Stock	\$ 0 <u>(4)</u>					<u>(5)</u>	(6)	Common Stock	0	

## **Reporting Owners**

Reporting Owner Name / Address		Relationsh		
	Director	10% Owner	Officer	Other
SMITH BRUCE M A. O. SMITH CORPORATION 11270 WEST PARK PLACE MILWAUKEE, WI 53224	Х			
Signatures				
James F. Stern, Attorney-in-Fact Smith	02/0	7/2013		

\*\*Signature of Reporting Person

Date

### **Explanation of Responses:**

- \* 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).
- (1) Shares deferred under the A. O. Smith Nonqualified Deferred Compensation Plan.
- (2) The reporting person beneficially owns these shares as settlor of a revocable family trust.
- (3) The Plan permits the participant to defer receipt of the award, and Mr. Smith has made a deferral.
- (**4**) 1 for 1
- (5) Convertible at any time

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#### (6) None

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.