SMITH A O CORP Form 3

August 21, 2008 **FORM 3**

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, response...

Section 17(a) of the Public Utility Holding Company Act of 1935 or Section

30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Add Person <u>*</u> Smith Fami	•	Ü	Statement (Month/Day/Year)	^{1g} 3. Issuer Name and Ticker or Trading Symbol SMITH A O CORP [AOS]					
(Last)	(First)	(Middle)	08/14/2008	4. Relationship of Reporting Person(s) to Issuer (Check all applicable) DirectorX 10% Owner OfficerX Other (give title below) (specify below) See Remarks			6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person		
MILWAUKEI	11270 V E (Street)	VEST	Tabla I - N						
1.Title of Security (Instr. 4)			2. Amount of	2. Amount of Securities Beneficially Owned		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stoc	k		4,734		D (1)	Â			
Common Stoc	k		2,649		I	See f	Cootnote (2)		
Common Stoc	k		108,222		I	See f	Cootnote (3)		
Reminder: Report		ate line for ea	ach class of securities benefici	ially SI	EC 1473 (7-02)			
	Perso inform requir	nation cont ed to respo	pond to the collection of ained in this form are not and unless the form displant MB control number.						

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

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1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year) Date Expiration				4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Exercisable	Date		Number of Shares		or Indirect (I) (Instr. 5)		
Class A Common Stock	(4)	(5)	Common Stock	559,985	\$ 0 (6)	I	See footnote (7)	
Phantom Stock	(8)	(8)	Common Stock	7,160	\$ 33.12	D (9)	Â	

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
mith Family Trusts							

Smith Family Trusts C/O SMITH INVESTMENT COMPANY 11270 WEST PARK PLACE MILWAUKEE, WIÂ 53224

Â X Â See Remarks

Signatures

/s/ Bruce M. Smith, as representative for Smith Family
Trusts

08/21/2008

**Signature of Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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) Represents direct ownership of the Issuer's Common Stock by certain individuals or trusts that form part of the Reporting Person.
- (2) Represents the indirect ownership of the Issuer's Common Stock by one individual who is part of the Reporting Person under the A. O. Smith Corporation Directors' Deferred Compensation Plan (the "Plan").
- (3) Represents the Reporting Person's proportionate interest in shares of the Issuer's Common Stock held by SICO, including certain shares held in trust. Beneficial ownership of the shares of the Issuer owned by SICO is disclaimed.
- (4) Convertible at any time.
- (**5**) None.
- (**6**) 1 for 1.
- (7) Represents the Reporting Person's proportionate interest in shares of the Issuer's Class A Common Stock held by SICO, including certain shares held in trust. Beneficial ownership of the shares of the Issuer owned by SICO is disclaimed.
- (8) The Plan allows for the payment of a retainer in phantom stock and it also permits the participant/recipient to defer receipt of the award. One individual who is part of the Reporting Person made a deferral pursuant to the Plan.
- (9) Represents direct ownership of the Issuer's phantom stock by one individual who is part of the Reporting Person.

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Remarks:

The Smith Family Trusts (the "Reporting Person") consist of certain shareholders of Smith Investment.

Reporting Owners 2

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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.