FORM 5

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | $D \subset$ | 205/10 |
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| wasiiiigton, | D.C. | 20549 |

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| | OMB APPROVAL | | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0362 | | | | | | | | |
| 1 | Estimated average burden | | | | | | | | | |

Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

| Form 3 | B Holdings Rep | | OWNERSHIP | | | | | | | | hours per | | | esponse: | = | 1.0 | | |
|---|----------------|--|------------------------------|---|---|------|--|------|-----------------------------|---|--|---|--------------------|----------------------------------|--|--|---------------------------------------|-------------------------|
| Form 4 | 1 Transactions | Reported. | Fil | ed pursuant t or Sectio | | | | | urities Excha Company Ac | | of 1934 | | | | | | | |
| 1. Name and Address of Reporting Person* <u>Keeley Brian E.</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol WATSCO INC [WSO; WSOB] | | | | | | | | k all appl | * | | rson(s) to Issuer | | |
| (Last) (First) (Middle) 2665 S. BAYSHORE DRIVE | | | | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2019 | | | | | | 'ear) | | Office below | r (give title) |) | Other (specify below) | | | |
| SUITE 9 | | | | 4. If Amer | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applica | | | | | Applicable | e |
| (Street) MIAMI FL 33133 | | | | _ | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | | |
| | | Tab | le I - Non-Deri | vative Sec | uriti | es A | cquire | d, D | isposed | of, or E | 3enefici | ally | Owne | d | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) | | Execution I | Execution Date, if any | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5) | | | 5. Amou Securitie Beneficia Owned a | | es Own ally Form | | rship : Direct | 7. Nature o Indirect Beneficial Ownership | lirect neficial | | |
| | | | | | (monange) | | Amo | unt | (A) or (D) Price | | | Issuer's Year (Ins 4) | Fiscal Indir | | ct (I) | (Instr. 4) | | |
| Common stock | | | | | | | | | | | 3,059 | | D | | | | | |
| | | Т | able II - Deriva (e.g., p | tive Secu outs, calls | | | | | | | | | wned | | | | | |
| Derivative Conversion [| | 3. Transaction Date (Month/Day/Year) | Execution Date, f any | 4. Transaction Code (Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | Expiration (Month/Day | | ite | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | tive derivative ty Securities | | 10. Ownersh Form: Direct (D or Indire (I) (Instr. | D) Benefic Owners ect (Instr. 4 | irect icial rship |
| | | | | | (A) | (D) | Date Exercisa | able | Expiration Date | Title | Amount or Number of Shares | | | | | | | |
| Stock Option (right to buy) | \$185.12 | | | | | | (1) | | 06/04/2023 | Common Stock | 5,000 | | | 5,000 |) | D | | |
| Stock Option (right to buy) | \$160.69 | | | | | | (2) | | 06/03/2024 | Common Stock | 7,000 | | | 7,000 | 0 | D | | |

Explanation of Responses:

- 1. The options vest 33 1/3% on June 4, 2018, June 4, 2019 and June 4, 2020, respectively.
- 2. The options vest $33\ 1/3\%$ on June 3, 2019, June 3, 2020 and June 3, 2021, respectively.

Remarks:

/s/ Brian E. Keeley

01/17/2020

** 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.