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

| Washington, | D.C. | 20549 |
|-------------|------|-------|

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

| | OMB APPROVAL | | | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0362 | | | | | | | | |
| l | Estimated average burden | | | | | | | | | |
| | hours per response: | 1.0 | | | | | | | | |

Instruction 1(b)

| Form 3 | Holdings Repo | orted. | | | | • | | | | | | | hou | ırs per r | esponse: | 1.0 |
|--|--|---|------------------------------|--|---|-------|--|----------|--|-----------------|---|--|---|--|--|-----|
| Form 4 | Transactions I | Reported. | Fil | ed pursuant to or Section | | | | | ırities Excha Company Ac | | f 1934 | | | | | |
| Name and Address of Reporting Person* Rubin Steven | | | | 2. Issuer Name and Ticker or Trading Symbol WATSCO INC [WSO; WSOB] | | | | | | | heck all app X Direct | licable) tor | * | | Owner | |
| (Last) 2665 S. I SUITE 9 | BAYSHOR | • | (Middle) | 12/31/20 | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2018 | | | | | | | below | Officer (give title below) | | Other (specify below) | |
| (Street) MIAMI | FI | | 33133 | 4. If Amer | Line) | | | | | | ne) X Form Form | , | | | | |
| (City) | (Si | tate) (| (Zip) | | | | | | | | | | | | | |
| | | Tab | le I - Non-Deri | vative Sec | uriti | ies A | cquire | d, D | isposed | of, or B | eneficia | lly Owne | d | | | |
| Date I (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. | | | | Disposed | 5. Amour Securitie Beneficia Owned a | es Owne | | rship Direct | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | (World II/Day) | (MOHUI/Day/Tear) | | , | Amou | ınt | (A) or (D) Price | | Issuer's | uer's Fiscal Ind | | ect (I) (Instr. 4) | | |
| | | Т | able II - Deriva (e.g., p | itive Secu outs, calls | | | | | | | | / Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Year) | | Execution Date, if any | 4. Transaction Code (Instr. 8) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownersh Form: Direct (D or Indire (I) (Instr. | Beneficial Ownership ct (Instr. 4) | |
| | | | | | (A) | (D) | Date Exercisa | ıble | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Stock Option (right to buy) | \$185.12 | | | | | | (1) | | 06/04/2023 | Common Stock | 4,000 | | 4,00 | 00 | D | |

Explanation of Responses:

1. The options vest 33 1/3% on June 4, 2018, June 4, 2019 and June 4, 2020, respectively.

Remarks:

/s/ Steven Rubin

02/01/2019

** 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.