# FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

# **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549
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## ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

	OMB APPROVAL								
	OMB Number:	3235-0362							
	Estimated average burden								
-	hours nor resnance.	1.0							

Form 3	Holdings Repo	orted.											lilou	rs per res	эринэе.	1.0	
Form 4	1 Transactions I	Reported.	File	ed pursuant to or Section					rities Exchar Company Act		1934						
Name and Address of Reporting Person*     Custer John Michael				2. Issuer Name and Ticker or Trading Symbol WATSCO INC [ WSO; WSOB ]					(Ch	Relationship neck all appli X Directo	cable)	,		Issuer Owner			
(Last) (First) (Middle) 2665 S. BAYSHORE DRIVE				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2021					ear)	Officer (give title Other (specify below) below)							
SUITE 901				4. If Amen	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) MIAMI FL 33133										X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(St	ate) (	(Zip)	-								Felsoli					
		Tabl	e I - Non-Deriv	ative Sec	uritie	es Ac	quire	d, Di	isposed o	of, or B	eneficia	lly Owne	d				
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Execution Date, If any		3. Transaction Code (Instr. 8)			4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)		Disposed	5. Amoun Securities Beneficial	i lly	6. Owners Form: I (D) or	ship II	7. Nature of Indirect Beneficial Ownership		
			(MOIIIII/Day/	Amou			nt (	(A) or (D) Price		Issuer's Fiscal Indir		Indirect (Instr. 4	t (I)   (	nstr. 4)			
		Т	able II - Deriva (e.g., p	tive Secu outs, calls								y Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date,	4. Transaction	5. Nu	ımher		6. Date Exercisable and Expiration Date (Month/Day/Year)			,					Beneficial Ownership ect (Instr. 4)	
	Derivative Security		if any (Month/Day/Year)	Code (Instr. 8)	of Deriv Secur Acqu (A) or Dispo of (D) (Instrand 5	vative irities ired r osed )	Expirati	ion Da	te	7. Title a Amount Securitie Underlyii Derivativ (Instr. 3 a	nd of es ng re Security	8. Price of Derivative Security (Instr. 5)	9. Numb derivativ Securiti Benefici Owned Followir Reporte Transac (Instr. 4)	ve es ially ng d tion(s)	10. Ownersh Form: Direct (D or Indire (I) (Instr.	ip of Indirect Beneficial Ownership (Instr. 4)	
				Code (Instr.	Deriv Secur Acqu (A) or Dispo of (D) (Instr	vative irities ired r osed )	Expirati	ion Da /Day/Y	te	Amount Securitie Underlyii Derivativ	nd of es ng re Security	Derivative Security	derivativ Securitiv Beneficit Owned Followin Reporte Transac	ve es ially ng d tion(s)	Ownersh Form: Direct (D or Indire	ip of Indirect Beneficial Ownership (Instr. 4)	
Stock Option (right to buy)				Code (Instr.	Deriv Secur Acqu (A) or Dispo of (D) (Instr and 5	vative irities iired r osed ) r. 3, 4	Expirati (Month/	ion Da /Day/Yo	te ear)	Amount Securitie Underlyi Derivativ (Instr. 3 a	Amount or Number of Shares	Derivative Security	derivativ Securitiv Beneficit Owned Followin Reporte Transac	ve es ially ng d tion(s)	Ownersh Form: Direct (D or Indire	ip of Indirect Beneficial Ownership (Instr. 4)	

### **Explanation of Responses:**

- 1. The options vested June 3, 2021.
- $2.\ The\ options\ vest\ 33\ 1/3\%\ on\ June\ 1,\ 2020,\ June\ 1,\ 2021\ and\ June\ 1,\ 2022,\ respectively.$

#### Remarks:

/s/ J. Michael Custer

01/13/2022

\*\* 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.