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

OWNERSHIP

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

| ANNUAL CTATEMENT OF QUANCES IN DENEETON | |
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| ANNUAL STATEMENT OF CHANGES IN BENEFICIAL | ΔI |

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

1.0

hours per response:

Form 3 Holdings Reported.

Instruction 1(b)

| Form 4 | Transactions | Reported. | Fil | ed pursuant t or Sectio | | | | | curities Excha Company Ac | | of 1934 | | | | | | | | |
|---|---|--|--|---|--|-------------------------|-----------------|--|------------------------------|---|---|--|-------------------|--|--------------------------------------|----------------------------------|--|--|--|
| 1. Name and Address of Reporting Person* | | | 2. Issuer Name and Ticker or Trading Symbol WATSCO INC [WSO; WSOB] | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | Owner | | | | |
| (Last) (First) (Middle) 2665 SOUTH BAYSHORE DRIVE SUITE 901 | | | | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2010 | | | | | | | Officer (give title Other (specify below) | | | | | | | | |
| (Street) COCON GROVE | | | 33133 | 4. If Amer | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | | |
| (City) | (Si | tate) | (Zip) | | | | | | | | | | | | | | | | |
| Table I - Non-Derive 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year) | | | 2A. Deemed Execution I if any | 2A. Deemed 3. Execution Date, if any Code (I | | saction e (Instr. | | | | | sed 5. Amount of Securities Beneficially | | it of s lly | 6. Ownership Form: Direct | | 7. Nature of Indirect Beneficial | | | |
| | | | (Month/Day | (Month/Day/Year) | | 8) | | ount | (A) or (D) | Price | Iss | Owned at end of Issuer's Fiscal Year (Instr. 3 and 4) | | | | Ownership (Instr. 4) | | | |
| Common Stock | | | | | | | | | | | | 6,968 | | | I | By Trust | | | |
| Common Stock | | | | | | | | | | | 6,968 | | 68 | I | | By spouse Trust | | | |
| Common Stock | | | | | | | | | | | | 6,513 | | | D | | | | |
| | | Т | able II - Deriva (e.g., p | tive Secu outs, calls | | | | | | | | y Ow | vned | | | | | | |
| 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. Transaction Code (Instr. 8) | of Deriv Secu Acqu (A) or Dispo | posed D) tr. 3, 4 | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Derivative Security (Instr. 5) Br | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownersi Form: Direct (E or Indire (I) (Instr. | Benefici Ownersl ct (Instr. 4) | ct ial hip | | | |
| | | | | | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amount or Number of Shares | | | | | | | | |
| Stock Option (right to buy) | \$57.45 | | | | | | 05/26/2 | 2006 | 05/26/2011 | Common Stock | 6,667 | 7 | | 6,667 | | D | | | |
| Stock Option (right to buy) | \$57.45 | | | | | | 05/26/2 | 2007 | 05/26/2011 | | 6,667 | 6 | | 6,667 | 6,667 D | | | | |
| Stock Option (right to | \$57.45 | | | | | | 05/26/2 | 2008 | 05/26/2011 | Common Stock | 6,666 | | | 6,666 | 5 | D | | | |

Explanation of Responses:

/s/ Gary L. Tapella

01/18/2011

** Signature of Reporting Person

Date

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

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.

 $^{^{\}star}$ 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).