## FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

OMB APPROVAL							
OMB Number	3235-036						

Estimated average burden hours per response: 1.0

_	Instruction 1(b).
	Form 3 Holdings Reported.

**OWNERSHIP** 

Form 4	Transactions R	eported.	File	d pursuant to or Sectior					ities Excha ompany Ac									
1. Name and Address of Reporting Person* <u>JOSEPH FREDERICK H</u>				2. Issuer Name <b>and</b> Ticker or Trading Symbol WATSCO INC [ WSO; WSOB ]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
												irector			0% Ov			
(Last) (First) (Middle) 2665 SOUTH BAYSHORE DRIVE SUITE 901				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2006						rear)	Officer (give title Other (specify below) below)							
(Street) COCONU	UT FL	3	3133	4. If Amen	dment,	, Date o	of Origi	inal File	d (Month/D	ay/Year		ine) X F F	orm filed	by One	Filing (Che Reporting e than One	Perso	n	
(City)	(Sta	ate) (2	Zip)															
		Tabl	e I - Non-Deriv	ative Sec	uritie	s Ac	quire	d, Di	sposed (	of, or	Benefici	ally Ov	/ned					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)		if any Cod		Transa	4. Securities Acqu Of (D) (Instr. 3, 4 a			or Disposed	5. Amount of Securities Beneficially Owned at end		O	wnership orm: Direct o) or						
				(Month/Day/Year)		0)				(A) or (D)	Price	Issu	Issuer's Fiscal Year (Instr. 3 and				(Instr. 4)	
Common Stock													10,000		D			
		Та	ble II - Derivat (e.g., pı	ive Securi uts, calls,									ed					
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)	5. Numof Deriv Secun Acqui (A) or Disport of (D) (Instrand 5	rative rities ired r osed )			ite	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amount or Number of Title Shares		8. Price Derivati Security (Instr. 5	ve deri Sec Ben Owr Foll Rep Trar	umber of vative urities eficially ned owing orted nsaction(s	Owner Form: Direct or Indi (I) (Inst	(D) rect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	

**Explanation of Responses:** 

Frederick H. Joseph

01/31/2007

\*\* 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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).