FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washing

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| gton, D.C. 20549 | OMB APPROVAL |
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| | |

| OMB Number: | 3235-0287 |
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| hours per response: | 0.5 |

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| | | | | | 01 | 000 | ., 00(, | 1) 01 1110 | mvesam | icini C | ompany 7 tot | 01 10-10 | | | | | | | | |
|--|---|--|------------|------------------------|----------------|--|-------------------------------|---|---|--|----------------------|-----------------|---------------------------------------|---|--|---|--|--|---|--|
| 1. Name and Address of Reporting Person* <u>DICKINSON ROBERT H</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol WATSCO INC [WSO; WSOB] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
| (Last) (First) (Middle) 2665 SOUTH BAYSHORE DRIVE SUITE 901 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/10/2006 | | | | | | | | | Officer (give title Other (specify below) below) | | | | | |
| (Street) COCON GROVE | OCONUT EI 33133 | | | | _ 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) | | | | 2. Transac | 2. Transaction | | 2A. Deemed Execution Date, | | 3. 4. Securitic Transaction Code (Instr. 8) 4. Securitic Disposed (5) | | | s Acquired | (A) or | 5. Amount of Securities Beneficially Owned Following | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Transacti | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | |
| Common | Stock | | | | | | | | | | | | | 1,0 | 00 | I |) | | | |
| Common Stock | | | | | | | | | L | | | | 5,0 | 25 | | I | By II | RA | | |
| Common | Stock | | | | | | | | | | | | | 57 | 5 | | I B | | pouse | |
| Common Stock | | | 01/10/2006 | | | | M | | 13,333 | A | \$34.1 | 15 33,3 | 333 | I | | By Dickinson Foundation | | | | |
| Common Stock | | | | | | | | | | | | | 10,0 | 10,000 | | | | inson rprises | | |
| | | 7 | able II | | | | | | | | posed of converti | | | lly Owned) | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | Conversion Date or Exercise (Month/Day/Year) i Price of Derivative | | 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 Exercis Expiration Date (Month/Day/Yea | | te Amount of | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | I1. Nature of Indirect Beneficial Ownership Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amour or Number of Shares | er | | | | | | |
| Stock Option (right to buy) | \$34.15 | 01/10/2006 | | | M | | | 6,667 | 01/25/2 | 005 | 01/25/2015 | Common Stock | 6,667 | 7 \$34.15 | | 0 г | | | | |
| Stock Option (right to buy) | \$34.15 | 01/10/2006 | | | M | 6,666 | | 12/31/2005 | | 01/25/2015 | Common Stock | 6,666 | \$34.15 | 0 | | D | | | | |
| Stock Option (right to buy) | \$34.15 | | | | | | | | 01/25/2 | 007 | 01/25/2015 | Common Stock | 6,666 | 5 | 6,6 | 666 | D | | | |
| Explanatio | n of Respons | ses: | | | | | | | | | | | | | | | | | | |

Robert Dickinson

01/11/2005

** 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.

^{*} 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).