FORM 4

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

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|------------|---------------|-----------|
| | | | |

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average I | ourden | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

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

| Name and Address of Reporting Person* LOGAN BARRY S | | | | | 2. Is W | 2. Issuer Name and Ticker or Trading Symbol WATSCO INC [WSO; WSOB] | | | | | | | | | eck all applic Directo Officer | applicable) irector fficer (give title | | ng Person(s) to Issuer 10% Owner Other (spec | | |
|--|---|--|---|-----------------------------|---|--|---------|--------------------------|------------------------------------|--|---------------------|------------|---------------|---|--|--|---|--|------------|--|
| (Last) (First) (Middle) 2665 S. BAYSHORE DRIVE SUITE 901 | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/07/2021 | | | | | | | | | | X Office (give title School) below) Executive Vice President | | | | | |
| (Street) COCON GROVE (City) | F1 | | 33133 (Zip) | | 4. If | f Ame | ndment, | Date (| of Origina | l Filed | d (Month/D | ay/Year) | 1 | Line | Y Form f | iled by Or | ne Repo | g (Check A orting Person one Repo | on | |
| | | Tab | le I - No | n-Deriv | ative | Sec | curitie | s Ac | quired | , Dis | posed o | of, or E | Bene | ficial | y Owned | d l | | | | |
| 1. Title of Security (Instr. 3) | | | Date | Date (Month/Day/Year) if | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | | Form: | Direct Indirect str. 4) | '. Nature of ndirect Beneficial Ownership Instr. 4) | | | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or | Price | Transacti (Instr. 3 a | on(s) | | | (111511.4) | |
| Common stock | | | | | | | | | | | | | | 2,4 | 2,473 | | | See footnote ⁽¹⁾ | | |
| Common stock | | | | | | | | | | | | | | 45 | 450 | | Ι : | By IRA | | |
| Common stock | | | | | | | | | | | | | | 108,750 | | I |) ⁽²⁾ | | | |
| Common stock | | | | | | | | | | | | 3,5 | | 00 | D | | | | | |
| | | Т | able II - | | | | | | | | osed of converti | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/D | n Date, | 4. Transa Code (8) | | n of | | 6. Date E Expiratio (Month/D | n Date | Amount of | | | 8. Price of Derivative Security (Instr. 5) | 9. Numbo derivativ Securitie Beneficia Owned Followin Reported Transact (Instr. 4) | e es ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | | Date Exercisal | | Expiration Date | Title | OI N Of | umber | | | | | | |
| Class B Common | (3) | 06/07/2021 | | | A | | 5,000 | | (3) | | (3) | Class I | B on 5 | 5,000 | \$292.01 | 113,0 | 37 | D ⁽²⁾ | | |

Explanation of Responses:

- 1. Ownership in Watsco, Inc. Profit Sharing Retirement Plan and Trust.
- 2. Award of stock pursuant to Watsco, Inc. Restricted Stock Agreement.
- 3. The Class B Common Stock is convertible into Common Stock at any time on a one-for-one basis and has no expiration date.

Remarks:

/s/ Barry S. Logan

06/09/2021

** 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.