FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

- 1								
	OMB APPROVAL							
	OMB Number:	3235-0104						
	Estimated average burden							
	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

1. Name and Address of Reporting Person*  MOSS BOB L  (Mont 03/0)				nent .	3. Issuer Name and Ticker or Trading Symbol WATSCO INC [ WSO; WSOB ]							
(Last) (First) (Middle) 2665 SOUTH BAYSHORE DRIVE SUITE 901					Relationship of Reporting Pers (Check all applicable)     X Director		10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)			
						Officer (give title below)	Other (spe	есіту	Appli	cable Line)	/Group Filing (Check	
(Street) COCONUT GROVE	FL	33133							X		y One Reporting Person y More than One erson	
(City)	(State)	(Zip)										
		Т	able I - Non	-Derivati	ve Se	ecurities Beneficially	y Owned					
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock					7,000		D					
Common Stock					1,000		I		By spouse			
Common Stock					1,800		I		By IRA			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
Expirati			Expiration D	. Date Exercisable and Expiration Date Month/Day/Year)		3. Title and Amount of Securiti Underlying Derivative Security		4. Conve or Exe	rcise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Price of Deriva Securi	tive	Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

/s/ Bob L. Moss

03/07/2014

\*\* 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 5 (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.