## FORM 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinaton	$D \subset$	205/10
Washington,	D.C.	20549

washington, D.C. 2054	19

OMB APPROVAL								
OMB Number:	3235-0362							
Estimated average	burden							

1.0

hours per response:

Section 16. Form 4 or Form 5 obligations may continue. See
Instruction 1(b).

Form 3 Holdings Reported

Check this box if no longer subject to

## ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

Form 4	Transactions I	Reported.	Fil	ed pursuant t or Sectio					urities Excha Company Ad											
1. Name and Address of Reporting Person*  NAHMAD ALBERT H				2. Issuer Name and Ticker or Trading Symbol WATSCO INC [ WSO; WSOB ]							5. Relationship of Reporting Person(s) to Issue (Check all applicable)  X Director 10% Own									
(Last) (First) (Middle) 2665 S. BAYSHORE DRIVE SUITE 901					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2013							X Officer (give title Other (specify below)  Chairman and CEO								
(Street) COCONUT GROVE FL 33133				4. If Amer	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)	(Si	tate) (	(Zip)																	
			le I - Non-Deriv	1		_	cquire	<del>_</del>				_	1							
Date (Month/Day/Year)		Execution D	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)			5. Amoun Securities Beneficia Owned at		S Owner		Direct Benefi		ect				
							(Monta a Day)	unt	(A) or (D)	Price		Issuer's Fi Year (Instr 4)	iscal Ìndire		ct (I) (Instr. 4)					
Common Stock												1,281		I	I See foots		note <sup>(1)</sup>			
		Т	able II - Deriva (e.g., ړ	ative Secu outs, calls			•	•	•	•		-	Owned							
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. Nu of Deriv Secu Acqu (A) o Dispo of (D) (Instr	rities ired r osed )	Expiration Date (Month/Day/Year)		7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)			Derivative Security (Instr. 5) Benefic Owned Follow Report		rities Forn ricially Direct d or In ving (I) (In rted action(s)		ship D) ect	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares									
Class B Common Stock	(5)						(5)		(5)	Commo	n 1,776,34	42		1,776,342		D <sup>(2)</sup>				
Class B Common Stock	(5)						(5)		(5)		(5)	Common Stock 518		5	518		518,845 I			See footnote <sup>(3)</sup>
Class B Common Stock	(5)					(5)			(5)	Commo	n 1,330,00	00		1,330	,000	I		See footnote <sup>(4)</sup>		

## **Explanation of Responses:**

(5)

Class B

Common

- 1. Ownership in Watsco, Inc. Profit Sharing Retirement Plan and Trust
- 2. Award of stock pursuant to Watsco, Inc. Restricted Stock Agreements, of which 1,415,622 shares are owned by Albert Henry Capital LP, a limited partnership over which Mr. Nahmad maintains effective

(5)

(5)

- 3. Reflects 494,888 shares held by various trusts over which Mr. Nahmad maintains effective control and 23,957 shares held by custodial accounts for Mr. Nahmad's grandchildren, of which Mr. Nahmad is the
- 4. Reflects shares owned by Albert Capital LP, a limited partnership, over which Mr. Nahmad maintains effective control.
- 5. The Class B Common Stock is convertible into Common Stock at any time on a one-for-one basis and has no expiration date.

01/17/2014 /s/ Albert H. Nahmad

379,572

D

\*\* Signature of Reporting Person

379,572

Stock

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.