FORM 5

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

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

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: 3235-0362 Estimated average burden

C Form :	3 Holdings Rep	orted				O.	VVIVL	N.S.	ш					hou	rs per r	esponse:		1.0		
_	1 Transactions		Fi	led pursuant t or Sectio					urities Excha Company A											
1. Name and Address of Reporting Person* CONWAY SUSAN L				2. Issuer Name and Ticker or Trading Symbol AMERICAN STATES WATER CO [AWR]							elationship eck all appl Direct	icable)	•							
(Last) (First) (Middle) 5271 PASATIEMPO DRIVE					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2003						X Officer (give title below) Vice Preside					Other (specify below) ent				
(Street) YORBA LINDA CA 92686				4. If Amei	4. If Amendment, Date of Original Filed (Month/Day/Year) 5. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting															
(City)	(S		(Zip)										Person							
1 Title of C	oourity (Inotr		le I - Non-Deri	1		ies A	cquir						1		6.		7 No	turo of		
, , , Da		Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Code (Instr.		4. Securities Acquired (A) or Dispose (D) (Instr. 3, 4 and 5)			Securiti Benefici		s	Ownership Form: Direct (D) or		7. Nature of Indirect Beneficial Ownership					
				(,		,		Amount		Price		Issuer's Fiscal Year (Instr. 3 an 4)		Indirect (I) d (Instr. 4)		(Instr. 4)				
Common			12/31/2003(1)			P		2,8	27.7058	A	\$25	25 8,6		645.93		I	401K			
Common											22	20	0 D							
		Т	able II - Deriva (e.g.,)	ative Secu puts, calls									Owned							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	ate Execution Date, Transaction of Expirati		tion Da	ate	and 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			Derivative Security (Instr. 5) Beneficity Follow Report		ities Form: icially Direct or Ind ving (I) (Ins ted action(s)		hip c E O) (ect (11. Nature of Indirect Beneficial Ownership (Instr. 4)					
					(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amou or Numb of Share	er								
Stock Options	\$20.83						04/30/2001		04/30/2010	Commo	n 1,98	0		1,98) D					
Stock Options	\$20.83						04/30	/2002	04/30/2010	Commo	n 1,98	0	3,96		3,960 D					
Stock Options	\$20.83						04/30	/2003	04/30/2010	Commo	n 2,04	0	6,0		6,000 Г		T			
Stock Options	\$23.21						01/01	1/2002 01/01/20		Commo	n 1,98	0	1,5		1,980 Г					
Stock Options	\$23.21						01/01/2		/2003 01/01/2011		n 1,98	0			3,960					
Stock Options	\$23.21						01/01	/2004	01/01/2011	Commo	n 2,04	0		6,00	0	D				
Stock Options	\$23.43						02/02	/2003	02/03/2012	Commo	n 2,99	5		2,99	5	D				
Stock Options	\$23.43						02/02	/2004	02/03/2012	Commo	n 2,99	5		5,99	0	D				
Stock Options	\$23.43						02/02	/2005	02/03/2012	Commo	n 3,08	5		9,07	5	D				
Stock Options	\$23.15						12/31	/2003	12/31/2013	Commo	n 3,98	5		3,98	5	D				
Stock Options	\$23.15						12/31	/2004	12/31/2013	Commo	n 3,98	5		7,97	0	D				
Stock Options	\$23.15						12/31	/2005	12/31/2013	Commo	n 4,10	5		12,07	- <u>-</u> -	D				

Explanation of Responses:

1. Updated 401K employer contributions of Company Stock

/s/ Susan L. Conway

02/04/2004

** Signature of Reporting Person

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.