FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO |)VAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burden | | | | | | | | |
| 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

| 1. Name an | | 2. Issuer Name and Ticker or Trading Symbol AMERICAN STATES WATER CO [AWR] | | | | | | | | | | all app | | g Pers | 10% C | wner | | | | | |
|--|--|--|--|---|------|------------------------------|---|-----------------|---------------|--|--------------|---|---|--------------|-------|-----------------------------|--|--|---|--|--|
| (Last) (First) (Middle) 630 E FOOTHILL BLVD. | | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/05/2020 | | | | | | | | | | | Officer (give title below) Presiden | | below) | (specify |
| (Street) SAN DIMAS CA 91773 (City) (State) (Zip) | | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | . Indivine) | idual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | | | | Execution Date, | | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a | | | | and 5) Secu Bene Owne | | cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership |
| | | | | | Code | v | Amount | | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | | | | | |
| Common | Shares | 2020 |)20 | | | F | | 449.9832 | (1) | D | \$88 | \$88.47 | | 122,541.1155 | | D | | | | | |
| Common | 2020 |)20 | | F | | 486.9316 | (2) | D | \$88.47 | | 122,054.1839 | | | D | | | | | | | |
| Common | 2020 |)20 | | | F | | 585.8404(3) | | D | \$88.47 | | 121,468.3435 | | | D | | | | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversior or Exercise Price of Derivative Security | ı Da | 3. Transaction Date (Month/Day/Year) | 3A. Dee Execution if any (Month/ | | 4. Transa Code (8) | | | | 6. Date Exerc Expiration Da (Month/Day/Y | | ate | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | Deri Sec | Price of rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Or Fo Di or (I) | o). wnership orm: irect (D) r Indirect (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | of | nber ıres | | | | | | | | |

Explanation of Responses:

- 1. 449.9832 shares withheld to satisfy tax liability.
- $2.\ 486.9316\ shares\ withheld\ to\ satisfy\ tax\ liability.$
- $3.\,585.8404$ shares withheld to satisfy tax liability.

Remarks:

/s/ Robert J. Sprowls

02/06/2020

** 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.