## 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								

Form 3	B Holdings Rep	orted.							•••					hou	rs per re	esponse:		1.0		
_	1 Transactions		Fi	led pursuant t or Sectio					urities Exch Company A					-						
1. Name and Address of Reporting Person* <u>DICKSON JOEL A</u>				2. Issuer Name and Ticker or Trading Symbol AMERICAN STATES WATER CO [ AWR ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner									
(Last) (First) (Middle) 1062 FULLER DRIVE					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 02/06/2004								X Officer (give title Other (specify below)  Vice President							
(Street) CLAREMONT CA 91711			4. If Ame	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. 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)										Perso							
Tabl  1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquir (D) (Instr. 3, 4 and 5		<u>′</u>			5. Amour Securitie Beneficia Owned a Issuer's I	nt of s ally t end of iscal	6. Ownership Form: Direct (D) or Indirect (I)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
								Amou	int	(D)	Price		Year (Ins	str. 3 and (Ins		str. 4)				
Common			12/31/2003 <sup>(1)</sup>				P		57.9632	A	\$25			13,146.78		5.78 I		401K		
Common			12/02/2003 <sup>(2)</sup>		_		P	9	.1238	A	\$24.	9	272.					todian		
Common										, _				17.5		D				
		ı	able II - Deriva) (e.g., <sub>ا</sub>	ative Secu puts, calls									Owned							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	ise (Month/Day/Year) /e	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	of Ex		Expira	5. Date Exercisable and Expiration Date Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)				10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					(A)	(D)	Date Exerci	sable	Expiration Date	Title	Amou or Numb of Share	er								
Stock Options	\$20.83						04/30/	/2001	04/30/2010	Comm	on 1,98	0		1,98	0	D				
Stock Options	\$20.83						04/30/	/2002	04/30/2010	Comm	on 1,98	3,960		D						
Stock Options	\$20.83						04/30/	/2003	04/30/2010	4/30/2010 Common 2,040 6,000		00 D								
Stock Options	\$23.21				$\dashv \uparrow$		01/01/		01/01/2002 01/01/2011		on 1,98	0	1,!		1,980 D					
Stock Options	\$23.21						01/01/	/2003	01/01/2011	Comm	on 1,98	0		3,96	0	D				
Stock Options	\$23.21						01/01/	/2004	01/01/2011	Comm	on 2,04	0		6,00	0	D				
Stock Options	\$23.43						02/03/	/2003	02/03/2012	Comm	on 3,98	5		3,98	5	D		D		
Stock Options	\$23.43						02/03/	/2004	02/03/2012	Comm	on 3,98	5		7,97	0	D				
Stock Options	\$23.43						02/03/	/2005	02/03/2012	Comm	on 4,10	5		12,07	'5	D		D		
Stock Options	\$23.15						12/31/	/2003	12/31/2013	Comm	on 3,98	5		3,98	5	D	$\top$			
Stock Options	\$23.15						12/31/	/2004	12/31/2013	Comm	on 3,98	5		7,97	0	D	$\top$			
Stock Options	\$23.15						12/31/	/2005	12/31/2013	Comm	on 4,10	5		12,07	'5	D				

## **Explanation of Responses:**

- 1. Updated 401K employer contributions of Company Stock
- 2. Dividend Reinvestment Plan

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.