FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

OMB APPROVAL Washington, D.C. 20549 OMB Number:

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3235-

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

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 Miller Su		eporting Person*	Requiring S (Month/Day	2. Date of Event Requiring Statement Month/Day/Year) 06/05/2022 3. Issuer Name and Ticker or Trading Symbol AMERICAN STATES WATER CO [AWR]						
(Last) (First) (Middle) 630 E. FOOTHILL BLVD.					4. Relationship of Reporting Issuer (Check all applicable)	`,		5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) SAN DIMAS (City)	CA (State)	91773 (Zip)			Officer (give title below) Vice President	10% Owner Other (specify below)		Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person		
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)				[2. Amount of Securities Beneficially Owned (Instr. 4)	Form: [(D) or li			4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Common Shares					278.7659	I	D			
Common Shares					830	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
Exp			2. Date Exerc Expiration Da (Month/Day/Y	ate	3. Title and Amount of Sounderlying Derivative Sounderly. (Instr. 4)			rsion rcise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
l		Date Exercisable	Expiration Date	Title	ive			Direct (D) or Indirect (I) (Instr. 5)		

Explanation of Responses:

Remarks:

/s/ Susan P. Miller 07/01/2022

** Signature of Reporting Person

Date

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

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.

^{*} 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).