FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

OMB APPROVAL								
OMB Number: 3235-0362								
Estimated average burden								
hours per response:	1.0							

Form 3 Holdings Reported.

Instruction 1(b)

Form 4	Transactions R	eported.	Fil	ed pursuant to or Sectior					ities Excha ompany Ad									
1. Name and Address of Reporting Person* SCANLON PATRICK RONALD					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 Officer (give title below) Vice President							
(Last) (First) (Middle) 175 LILAC LANE				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2005					/Year)									
(Street) BREA (City)	CA (Sta)2823 Zip)	4. If Amen	4. If Amendment, Date of Original Filed (Month/Day/Year)							Individual or Joint/Group Filing (Check Applicable ine) X 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																		
Dat		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year		Code (Instr.					or Disposed	Securiti Benefic		es	6. Ownership Form: Direct (D) or		7. Nature of Indirect Beneficial Ownership		
				(monane bay)	cui,			Amoun	t	(A) or (D)	r Price		Issuer's Fiscal Year (Instr. 3 and 4)		Indirect (I) (Instr. 4)		(Instr. 4)	
Common			12/31/2005		P			576.8	3192 ⁽¹⁾	A	\$30.8	7,402.5669		2.5669		I	401K	
	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. 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)	of Deriv Secu Acqu (A) o Disp of (D	or osed o) r. 3, 4	Expiration D (Month/Day/e		ate	Amo Secu Unde Deriv Secu and	le and unt of rities rities ritying vative rity (Instr. 3 1) Amount or Number of Shares	unt per				10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)	

Explanation of Responses:

1. Updated 401K dividends and employer contributions of Company Stock

/s/ Patrick R. Scanlon

01/31/2006

** 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.