FORM 4

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

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | | |
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hours per response:

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| Name and Address of Reporting Person* GEDNEY WILLIAM C | | | | | | 2. Issuer Name and Ticker or Trading Symbol AMERICAN STATES WATER CO [AWR] | | | | | | | | | | heck a | ationship of Reporting F all applicable) Director Officer (give title | | | 10% O | wner | |
|--|---|-----------------|---|-----------------------------|---|--|---|------|-----------------------------|-------------------|----------|---------------------------|---|----------------|---|--------|--|--|---|--|--|--|
| (Last) 1021 JAS | SMINE S | First) ΓREET | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/03/2009 | | | | | | | | | | | X Officer (give title Other (specify below) Vice President | | | | | |
| (Street) | Street) REDLANDS CA 92374 | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | | dividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person | | | | | |
| (City) | (| State) | (Zip) | | | | | | | | | | | | | | orm Perso | m filed by More than One Reporting son | | | | |
| | | Tal | ole I - Nor | า-Deriv | ative | Se | curitie | s Ac | quire | d, D | isp | osed c | of, or | Ber | neficia | lly O | vne | d | | | | |
| Date | | | | 2. Trans Date (Month/ | | ar) i | 2A. Deemed Execution Date, if any (Month/Day/Year) | | ′ c₀ | ınsact de (Ins | | 4. Secur Dispose 5) | | nd S B O | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Со | de V | , | Amount | t (A) or (D) | | Price | Trans | | ction(s) and 4) | | | (Instr. 4) | |
| Common Shares 01/3 | | | | | 0/200 | /2009 | | | I | 7 | | 141(| 1) | D | \$3 | 5 2,01 | | 18.4062 | | D | | |
| Common Shares 01/3 | | | | 01/30 | 0/200 | /2009 | | | A | A | | 1,20 | 0 A | | \$0 | | 3,218.4062 | | | D | | |
| | | | Table II - | | | | | | | • | • | sed of, onvertil | | | | y Ow | ned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deeme Execution if any (Month/Da | Date, | 1. Transaction Code (Instr. 3) | | of | | 6. Date Expira (Month | tion D | ate | ble and | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | ıstr. 3 | Deriv | 3. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly O | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | Ex Da | piration ate | Title | C | Amount or Number of Shares | | | | | | | |
| Employee Stock Options (right to | \$34.57 | 01/30/2009 | | | A | | 6,200 | | (2) |) | 01 | /29/2019 | comn | non | 6,200 | \$ | | 6,200 | | D | | |

Explanation of Responses:

- 1. 327 previously reported RSU's vested on 1/30/09 of which 141 were withheld to satisfy tax withholding
- $2. \ The option vests in three annual installments of 33\%, 33\%, and 34\% of the number of shares subject to the option beginning 1/29/10 and 1/29/10$

/s/ William C. Gednev

02/03/2009

** 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.