FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, I | D.C. | 20549 |
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| STATEMENT | OF CHANGE | S IN BENEFICIAL | OWNERSHIP |
|-----------|-----------|-----------------|-----------|

OMB APPROVAL OMB Number: 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 and Address of Reporting Person* Rentfrow Diane D (Last) (First) (Middle) | | | | | 3. D | 2. Issuer Name and Ticker or Trading Symbol AMERICAN STATES WATER CO [AWR] 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | | all app | olicable) tor er (give title v) | Othe belo | Owner er (specify | |
|---|--|------------|----------|--|--------------------------------------|--|--------------------------------|---|---------------------------------------|----------|---|------------|---------|---|--|--|---|--|----------------------|--|
| 5550 VIA | A VALLAR | ГА | | | | 02/01/2012 4. If Amendment, Date of Original Filed (Month/D | | | | | | | ar) | 6 | Vice President 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) YORBA | LINDA C | Y 8 |)2887 | | - - " | Amen | ument, | Duic | te of Original Flied (Month/Day/Tear) | | | | | | Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | Pers | on | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | | | Execution Date, | | 3. Transaction Code (Instr. 8) 4. Securities Acquired Disposed Of (D) (Instr. | | | | | d 5) | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | | Price | - 1 | Transaction(s) (Instr. 3 and 4) | | | (1130.4) | | |
| Common Shares 02/01/2 | | | | | 2012 | 012 | | F | | 240.3915 | (1) | D | \$36.17 | | 3,018.4919 | | D | | | |
| Common Shares 02/01/20 | | | | | 2012 | 012 A | | | 127.687 A | | \$ | 3,018.4919 | | 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) | Derivative Conversion Date Security or Exercise (Month/Day/Year) if any | | on Date, | | ransaction of ode (Instr. Derivative | | ative rities ired sed | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | ount | | ivative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | Code V (A) (D) | | | | | | (D) | | Date Expiration of Shares | | | res | | | | | | | | |

Explanation of Responses:

1. 574 previously reported RSU's of which 240.3915 were withheld to satisfy tax withholding

/s/ Diane D. Rentfrow 02/02/2012

** 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.