FORM 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

OWNERSHIP

| Washington, | D.C. | 20549 |
|-------------|------|-------|

| wasnington, | D.C. 20549 |
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| OMB APPROVAL | | | | | | | | | |
|--------------|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0362 | | | | | | | |
| l | Estimated average burden | | | | | | | | |

1.0

(Instr. 4)

or Indirect (I) (Instr. 4)

hours per response:

Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

Check this box if no longer subject to

Form 3 Holdings Reported

Eiled pursuant to Section 16(a) of the Securities Evolution Act of 1034

| Form 4 | Transactions R | eported. | FIII | | | | | stment Company A | | | | | | | | | |
|--|--|--|---|--|---|-----------|---|--|---------------|---|---|--|-------------------------|---|--|--|--|
| 1. Name and Address of Reporting Person* KATHOL ROBERT F | | | | | 2. Issuer Name and Ticker or Trading Symbol <u>AMERICAN STATES WATER CO</u> [AWR] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | |
| (Last) 954 SOU | (Fir TH 117TH | , | Middle) | | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2007 | | | | | | | Officer (give title Other (spelow) below) | | | | | |
| (Street) OMAHA (City) | . NE | | 58154 Zip) | 4. If Amend | 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 Person | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (Instr. | | 4. Securities Acquired (A) or Dispos (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned at end of | | 6. Ownership Form: Direct (D) or | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | zai) | Amount | (A) or (D) | Price | Issuer's | Issuer's Fiscal Ir Year (Instr. 3 and (I | | | (Instr. 4) | | |
| common | | | 08/10/2007 | | | A | | 75.64 ⁽¹⁾ | D | \$0 |) 11,475.3377 D | | | | | | |
| common 11/09/2007 | | | | | A | | 79.0059 ⁽²⁾ | D | \$0 | 11,55 | 11,554.3436 | | D | | | | |
| | 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 | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | on Date, Transaction of Code (Instr. Deriv | | vative (N | хрі | ate Exercisable and iration Date Amount of Securities Underlying | | ount of urities | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial | ive Owners ies Form: | | 11. Nature of Indirect Beneficial Ownership | | |

Derivative

Security

- **Explanation of Responses:** 1. DER units credited on 8/10/07 as dividend at FM
- 2. DER units credited on 11/9/07 as dividend at FMV

/s/ Robert F. Kathol

Security (Instr. 3

Amount or Number

Shares

Derivative

and 4)

01/16/2008

** Signature of Reporting Person

Date

Reported Transaction(s)

Owned Following

(Instr. 4)

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

Acquired

Acquired (A) or Disposed of (D) (Instr. 3, 4

Date Exercisable

Expiration Date

and 5)

(A) (D)

* 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.