FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| 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* CONWAY SUSAN L | | | | | | 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 10% Owner | | | | |
|--|---|--|---|---------|---|---|---------|---|---|---------------------|--|---------------------|--|--|--|---|--|--|
| (Last) (First) (Middle) 5271 PASATIEMPO DRIVE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/13/2006 | | | | | | | | X Officer (give title below) Other (specify below) Sr. Vice President | | | | |
| (Street) YORBA LINDA CA 92686 (City) (State) (Zip) | | | | | 4. If | 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 | | | | |
| | | Tab | le I - Noi | n-Deriv | /ative | e Se | curitie | s Ac | quired | Dis | posed o | of, or Be | neficia | lly Own | ed | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month | | | | action | ear) | 2A. Deemed Execution Date, if any (Month/Day/Year | | 3. 4. S Transaction Dis Code (Instr. 5) | | 4. Secur Dispose | curities Acquired (A) osed Of (D) (Instr. 3, 4 | | 5. An Secu Bene Own | ount of rities ficially d Following | Forn (D) o | Ownership orm: Direct or Indirect (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) o (D) | r Price | Trans | eported ransaction(s) nstr. 3 and 4) | | | (Instr. 4) |
| Common 01/3 | | | | 01/30 | 0/2006 | /2006 | | A | | 1,112 | 2 A \$0.0 | | 0 | 1,135 | | D | | |
| | | 7 | able II - | | | | | | | | | , or Ben ble sec | | y Owne | d | , | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemo Execution if any (Month/Da | Date, | 4. Transactior Code (Instr. 8) | | | | 6. Date Exercisal Expiration Date (Month/Day/Year | | Amount Securitie Underlyi | | of S g e Security | 8. Price of Derivative Security (Instr. 5) | | e es ally g | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Common | \$33.73 | 01/30/2006 | | ĺ | Α | | 1,782 | | 01/29/20 | 07 0 | 1/29/2016 | Common | 1,782 | \$33.73 | 59,08 | 32 | D | |
| Common | \$33.73 | 01/30/2006 | | | Α | | 1,782 | | 01/29/20 | 08 0 | 1/29/2016 | Common | 1,782 | \$33.73 | 60,86 | 54 | D | |
| Common | \$33.73 | 01/30/2006 | | | A | | 1,836 | | 01/29/20 | 09 (| 1/29/2016 | Common | 1,836 | \$33.73 | 62,70 | 00 | D | |

Explanation of Responses:

/s/ Susan L. Conway

02/13/2006

** 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.