## FORM 4

Check this box if no longer subject

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						

to Sec obligat	tion 16. Form 4 tions may conti ction 1(b).	l or Form 5	F			Section 16(a) 30(h) of the Ir					1934				ated average bu per response:	rden 0.5	
1. Name and Address of Reporting Person <sup>*</sup> <u>Rowley Paul J</u>					2. Issuer Name and Ticker or Trading Symbol <u>AMERICAN STATES WATER CO</u> [ AWR ]						(Check all D V C	applica rector	able)		Owner r (specify		
(Last) 630 E FO	ast) (First) (Middle) 30 E FOOTHILL BLVD.				3. Date of Earliest Transaction (Month/Day/Year) 01/31/2022					U	,	P OF OF	PERATIONS	'			
(Street) SAN DI (City)			1773 Zip)	4. If <i>A</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line) X F F	·				
Table I - Non-Deriva           1. Title of Security (Instr. 3)         2. Transac Date (Month/Date)					Execution Date, Transaction Disposed Of (D) (Instr. 3,						red (A)	A) or 5. Amount of			6. Ownership Form: Direct (D) or Indirect	7. Nature of Indirect Beneficial	
					(Month/Day/Year)		8) Code	v	Amount	(A) or (D) P		Re Tra	Owned Following Reported Transaction(s) (Instr. 3 and 4)		(I) (Instr. 4)	Ownership (Instr. 4)	
Common Shares 01/31/							A		678	A	\$0	\$0.00 2,990.		.5717	D		
		Ta	ble II - Deriv (e.g.,			ties Acqu warrants,							ned				
		Code (	Transaction of Code (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price of Derivative Security (Instr. 5) r.		). Number lerivative Securities Beneficially Dwned Following Reported Transaction Instr. 4)	Ownersh Form: Direct (D or Indired (I) (Instr.	Beneficial Ownership t (Instr. 4)				

Explanation of Responses:

**Remarks:** 

/s/ Paul J. Rowley

Amount or Number

of Shares

Title

Expiration Date

Date Exercisable

02/02/2022 \*\* 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).

Code v (A) (D)

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.