FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO              | VAL       |
|---|------------------------|-----------|
|   | OMB Number:            | 3235-0287 |
| l | Estimated average burd | en        |
| l | hours per response:    | 0.5       |

|   | Check this box if no longer subject to |
|---|--|
| ١ | Section 16. Form 4 or Form 5           |
| J | obligations may continue. See          |
|   | Instruction 1(h)                       |

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* HOLLOWAY ANNE M                         |  |  |  |         |   | 2. Issuer Name and Ticker or Trading Symbol AMERICAN STATES WATER CO [ AWR ] |                         |      |   |                                   |  |   |         |  |                           | Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner |  |                             |  |  |  |
|--|--|--|--|---------|---|--|-------------------------|------|---|-----------------------------------|--|---|---------|--|---------------------------|---|--|-----------------------------|--|--|--|
| (Last) (First) (Middle) 38 BARRY LANE  |  |  |  |         | 3. Date of Earliest Transaction (Month/Day/Year) 05/18/2017 |  |                         |      |   |                                   |  |   |         |  | Λ                         |   | er (give title   |                             | Other (specify below)                                  |  |  |
| (Street) ATHERTON CA 94027  (City) (State) (Zip)                                 |  |  |  |         | 4. If Amendment, Date of Original Filed (Month/Day/Year)    |  |                         |      |   |                                   |  |   |         |  | . Indiv<br>ine)<br>X      | Form<br>Form  | al or Joint/Group Filing (Check Applicable<br>orm filed by One Reporting Person<br>orm filed by More than One Reporting<br>erson |                             |  |  |  |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |  |  |  |         |   |  |                         |      |   |                                   |  |   |         |  |                           |   |  |                             |  |  |  |
| 1. Title of Security (Instr. 3)  2. Transact Date (Month/Day                     |  |  |  |         | Ex<br>) if a  | ecution<br>any   | Deemed<br>ecution Date, |      | 3.<br>Transaction<br>Code (Instr.<br>8) |                                   | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 |   |         |  | Securi<br>Benefi<br>Owned | cially<br>d Following   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4)  |                             | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership    |  |  |
|  |  |  |  |         |   |  | Code                    | v    | Amount                                  |                                   | (A) or<br>(D)  | Price   | :       | Reported Transaction(s) (Instr. 3 and 4) |                           |   |  | (Instr. 4)                  |  |  |  |
| Common Shares 05/15/2  |  |  |  |         |   | 017  |                         | A    |   | 92.8283(1)                        |  | A   | \$44    | 4.59 38,2                                |                           | 281.7161  |  | D                           |  |  |  |
| Common Shares 05/18/2  |  |  |  |         |   | 017  |                         | S    |   | 500                               |  | D   | \$44.74 |  | 37,781.7161               |   |  | D                           |  |  |  |
| Common Shares 05/18/2  |  |  |  |         |   | 017  |                         | S    |   | 50                                |  | D   | \$44.71 |  | 37,731.7161               |   |  | D                           |  |  |  |
|  | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |  |  |         |   |  |                         |      |   |                                   |  |   |         |  |                           |   |  |                             |  |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                              | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security  | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deen<br>Executio<br>if any<br>(Month/E | n Date, |   | ransaction<br>ode (Instr.  |                         | n of |   | Exerci<br>on Da<br>Day/Yo         |  | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4) |         |  | Deriv<br>Secu             | Price of<br>ivative<br>curity<br>str. 5)  | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s<br>(Instr. 4)        | Ov<br>Fo<br>Di<br>or<br>(I) | vnership<br>orm:<br>rect (D)<br>Indirect<br>(Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|  |  |  | Code                                       | v       | (A)   | (D)  |                         |      | Expiration<br>Date                      | or<br>Numbe<br>of<br>Title Shares |  | nber  |         |  |                           |   |  |                             |  |  |  |

## Explanation of Responses:

1. DER units credited on 5/15/2017 as dividend at FMV

## Remarks:

<u>/s/ Anne M. Holloway</u>

\*\* Signature of Reporting Person

Date

05/22/2017

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

- $^{\star}$  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.