FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| W | ashington | i, D.C. | 20549 |
|---|-----------|---------|-------|
| | | | |

| STATEMENT | OF CHANGES | 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* Rowley Paul J | | | | 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) 22532 CHAPARRO DR | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/07/2018 | | | | | | | | | X | Officer (give title below) VP OF OPE | | belo | Other (specify below) RATIONS | | |
| (Street) SAUGU: | | | 91350 (Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | i. Indivi ine) X | -7 | | | | |
| | | Tabl | le I - No | on-Deriv | ative | Sec | curitie | s Acc | quired | , Dis | posed o | f, o | r Ben | efici | ally (| Owne | ed | | |
| 1. Title of Security (Instr. 3) | | Date | Date Execution (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | | 1 and 5) Se Be Ov | | ount of ities icially d Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | Code | v | Amount | | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | (Instr. 4) | |
| Common Shares | | | 02/07/ | 2018 | | | | F | | 40.779 | (1) | D | \$53.4 | | 2,578.213 | | D | | |
| Common Shares | | | 02/07/ | 2018 | 2018 | | | F | | 81.6429(2) | | D | \$53.4 | | 2,496.5701 | | D | | |
| Common Shares 0 | | | 02/07/ | /2018 | | | | F | | 133.387 | 6 (3) | D | \$53.4 | | 2,363.1825 | | D | | |
| | | Та | able II - | | | | | | | | osed of, onvertib | | | | | ned | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/I | | | Code (Instr. | | of | | 6. Date Exerci Expiration Dat (Month/Day/Ye | | te | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amount or Numbor of Title Shares | | ount | Deriv Secu | Price of erivative ecurity istr. 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) | | |

Explanation of Responses:

- $1.\ 99.7534\ previously\ reported\ RSU's\ of\ which\ 40.779\ were\ withheld\ to\ satisfy\ tax\ liability$
- 2.199.7135 previously reported RSU's of which 81.6429 were withheld to satisfy tax liability
- $3.\ 326.2907\ previously\ reported\ RSU's\ of\ which\ 133.3876\ were\ withheld\ to\ satisfy\ tax\ liability$

Remarks:

/s/ Paul J Rowley

02/07/2018

** 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.