FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL												
OMB Number:	3235-0287											
Estimated average burden												
hours per response:	0.5											

U obligati	ions may contir tion 1(b).			d pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940										hours p	per response:	0.5			
1. Name and Address of Reporting Person* KROPKE ROGER F						2. Issuer Name and Ticker or Trading Symbol AMERICAN STATES WATER CO [AWR]								heck all	ationship of Re k all applicable Director Officer (give		Person(s) to I		
(Last) PO BOX	`	(First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year) 08/30/2005									below)		below) President			
(Street) BIG BEA	BEAR CA 92315-8952					4. If Amendment, Date of Original Filed (Month/Day/Year)								ne) X F F	orm file	nt/Group d by One d by More			
(City) (State) (Zip)																			
		Tabl	e I - No	on-Deriv	ative	Secu	urities Ac	quired	l, Dis	sposed o	f, o	r Ben	eficia	ally Ov	ned				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execution Date		n Date, Transaction Code (Instr.		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4				and 5) Securiti Benefic Owned		,	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	mount (Price	Tra	ported nsaction str. 3 and			(Instr. 4)	
Common		2005			S		2,331.4903 D		\$30.	.82	3,563.2966		I	401K					
		Та	ble II -				ties Acqu warrants,	,		,				y Own	ed				
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any			Transaction of Code (Instr. Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr.			8. Price Derivati Security (Instr. 5)	deri Sec Ben Owi	umber of vative urities eficially ned owing	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Explanation of Responses:

/s/ Roger F. Kropke

Amount Number

of Shares

and 4)

Title

08/31/2005

Reported Transaction(s) (Instr. 4)

** Signature of Reporting Person Date

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

Code

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.

Acquired
(A) or
Disposed
of (D)
(Instr. 3, 4
and 5)

(A) (D) Date Exercisable

Expiration

Date

^{*} 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).