FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| l | OMB APPRO | OVAL | | | | | | | |
|---|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| l | Estimated average burden | | | | | | | | |
| l | 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 * $\underline{KATHOL\ ROBERT\ F}$ | | | | | | 2. Issuer Name and Ticker or Trading Symbol AMERICAN STATES WATER CO [AWR] | | | | | | | | | | | ip of Reporting Person(plicable) ctor | | (s) to Is | | |
|--|---|--|--|---------------|------|---|---|---------|------------------------------------|--------|--|--|---------------|-------|-------------------------------|---|---|---|-----------------------|---|--|
| (Last) 954 SOU | (Fir | , | Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/13/2012 | | | | | | | | | | | Officer (give title pelow) | | Other (specify below) | | |
| (Street) OMAHA (City) | OMÁHA NE 68154 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Form Form | ual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution Date, | | | 3. Transa Code (1 8) | | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 | | | | and 5) Secur Benef Owne | | cially 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 | ; | | ted action(s) 3 and 4) | | | (Instr. 4) | |
| Common | 08/13/ | 2012 | 2012 | | | A | | 85.4419 | (1) | Α | \$44 | 1.31 | 18,613.6103 | | D | | | | | | |
| Common | 11/12/ | 2012 | 2012 | | | | | 88.6677 | (2) | A | \$43 | 3.04 | 18,702.278 | | D | | | | | | |
| Common Shares 11/13 | | | | | |)12 | | S | | 1,500 | | D | \$43 | 3.12 | 2 17,202.278 | | D | | | | |
| Common Shares 11/1 | | | | | | 2012 | | | S | | 1,500 | | D | \$42 | 2.91 | 15,702.278 | | D | | | |
| | | Та | | | | | | | | | osed of, onvertib | | | | | vned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deen Executio if any (Month/D | n Date, Trans | | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date E Expiratio (Month/I | on Dat | | 7. Title and Amount of Securities Underlying Derivative Security (Instr and 4) | | | Deri Secu | Price of rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(: (Instr. 4) | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | : t (D) direct | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Title | of | nber | | | | | | | |

Explanation of Responses:

- 1. DER units credited on 8/13/2012 as dividend at FMV
- 2. DER units credited on 11/12/2012 as dividend at FMV

/s/ Robert F. Kathol

11/13/2012

** 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.