FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
	3235-						
OMB Number:	0104						
Estimated average burden							
hours per response:	0.5						

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* Winn Caroline Ann			Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 05/21/2024 3. Issuer Name and Ticker or Trading Symbol AMERICAN STATES WATER CO [AWR]							
(Last) (First) (Middle) 630 E FOOTHILL BLVD				Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner			If Amendment, Date of Original Filed (Month/Day/Year) Individual or Joint/Group Filing				
(Street) SAN DIMAS	CA	91773	_		Officer (give title below)	Other (sp below)	(specify (C	heck Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)	3. Owner Form: I (D) or I (I) (Inst	Direct Own	Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
Expiration			2. Date Exerc Expiration Day/N	ate	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	Form:	6. Nature of Indirect Beneficial Ownership (Instr.		
		Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	Direct (D) or Indirect (I) (Instr. 5)	5)			

Explanation of Responses:

No securities are beneficially owned.

/s/ Caroline Ann Winn 05/22/2024

** 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 5 (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.