FORM 5

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Machinaton | D C | 20540 |
|-------------|------|-------|
| Washington, | D.C. | 20549 |

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0362 | | | | | | | |
| Estimated average burden | | | | | | | | |

| Section obligation Instruction | 16. Form 4 or ons may continuing 1(b). Holdings Repo | L STATEMENT OF CHANGES IN BENEFI OWNERSHIP | | | | | | | ENEFIC | CIAL | | Estir | B Num mated rs per i | 3235-0362 den 1.0 | | | |
|---|---|---|---|--|---|---|--|--|--------------------------|---|-----------------|--|--|-----------------------------|---|--|---------------------------------------|
| Form 4 | Transactions R | eported. | Fil | ed pursuant to or Sectior | | | | | ities Excha ompany Ad | | | | | | | | |
| 1. Name and Address of Reporting Person* WICKS FLOYD E | | | | 2. Issuer Name and Ticker or Trading Symbol AMERICAN STATES WATER CO [AWR] | | | | | | (Check all D | applic recto | cable) r | 10 | | Owner | | |
| (Last) (First) (Middle) 1647 POSILIPO LANE APT. E | | | | | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2007 | | | | | | Year) | X Officer (give title Other (specify below) CEO and President | | | | | |
| (Street) SANTA BARBAF | RA CA | . (| 93108 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Ap Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | son |
| (City) | (Sta | | Zip) | | | | | | | | | | | | | | |
| | | | le I - Non-Deriv | | _ | | quir | | | | | - | | | | 1 | |
| 1. Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Dispose (D) (Instr. 3, 4 and 5) | | r Disposed | 5. Amount of Securities Beneficially Owned at end | | у | Form | ership I n: Direct I | 7. Nature of Indirect Beneficial Ownership | | |
| | | | (monumbay/rear) | | | | Amount | | (A) or (D) | Price | Issue | Issuer's Fiscal Year (Instr. 3 and | | Indirect (I) (Instr. 4) | | Instr. 4) | |
| common | | | 12/31/2007 | | | A | | 1,120 | 6884(1) | A | \$0 | 17,83 | | 32.0835 | | I | 401K |
| common | | | 12/31/2007 | | | A | | 25.4958 ⁽²⁾ A | | Α | \$0 | 1, | 1,083.6232 | | | I | custodial |
| common | | | 12/31/2007 | | | A | | 49.0 | 838 ⁽³⁾ | A \$0 | | 2, | 2,056.6207 | | | D | |
| common 12/31/200 | | | 12/31/2007 | | A | | | 575 ⁽⁴⁾ | | Α | \$0 | 4, | 4,045.0581 | | | D | |
| | | Та | able II - Deriva (e.g., p | tive Securi uts, calls, | | | | | | | | | ed | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | Date Execution Date, (Month/Day/Year) if any | | 4. Transaction Code (Instr. 8) | of Deriv Secu Acqu (A) or Dispo of (D) (Instr | of Exp Derivative Securities A) or Disposed of (D) Instr. 3, 4 and 5) | | Date Exercisable and Date introduced in the control of the control | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amou or Numb of Title Share: | | Derivati Security (Instr. 5) | 8. Price of Derivative Security (Instr. 5) (Instr. 5) (Instr. 4) | | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |

Explanation of Responses:

- 1. Updated 401K holdings
- 2. Updated personal holdings
- 3. Updated personal holdings
- 4. Updated dividend reinvestment plan

/s/ Floyd E. Wicks

01/31/2008

** 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.