FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPRO |)VAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 ar | | 2. Issuer Name and Ticker or Trading Symbol AMERICAN STATES WATER CO [AWR] | | | | | | | | | | eck all app Direc | or | | 10% Ov | vner | | | | | |
|---|---|---|--|------------------------------|------------------------------|--|---|-----|---|--|-----|--|---|----------------|--------|---|--|---------------|---|--|--|
| (Last) 15786 PI | ast) (First) (Middle) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/02/2008 | | | | | | | | 7 | X Officer (give title Other (specify below) Vice President | | | | | |
| (Street) CHINO HILLS CA 91709 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | Perso | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| 1. Title of S | Security (Ins | | le I - No | 2. Trans Date (Month/l | action | tion 2A. Deemed Execution Date, | | | | ired, [3. Fransact Code (In: 3) | ion | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | | 5. Amo Securit Benefic Owned | unt of ies cially Following | Forn (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | | Code | , | Amount | (A) (D) | or | Price | Report Transa (Instr. 3 | ction(s) | | | (Instr. 4) | |
| common | | | | 01/02 | 2/2008 | 2008 | | | | F | | 114 ⁽¹⁾ | I |) | \$37.6 | 8 2,07 | 6.5914 | | D | | |
| common | | | | 01/28 | 3/2008 | 2008 | | | | A | | 882 | A | 1 | \$0 | 2,958.5914 | | | D | | |
| | | Т | able II - | | | | | | | • | • | sed of, onvertil | | | - | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | 4. Transa Code (8) | | | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | tr. 3 | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | ode V | (A) | (D) | Date Exe | e rcisable | | xpiration ate | Title | or Nu of | ımber | | | | | | |
| Employee stock option (right to buy) | \$34.11 | 01/28/2008 | | | A | | 2,887 | | | (2) | | 1/27/2018 | commoi | n 2, | ,887 | \$0 | 2,887 | | D | | |

Explanation of Responses:

- 1. 266 previously reported RSU's vested on 1/2/08; of which 114 were withheld to satisfy tax withholding
- $2. \ The \ option \ became \ exercisable \ as \ to \ 33\% \ of \ the \ total \ number \ of \ shares \ subject \ to \ the \ option \ on \ Jan. \ 27, \ 2009$

<u>/s/ James B. Gallagher</u> <u>01/31/2008</u>

** 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.