FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machineton	D C	20540
Vashington,	D.C.	20549

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

OMB APPROVAL OMB Number: 3235-0362 Estimated average burden

Form :	3 Holdings Rep	orted				•			•••					houi	rs per r	esponse:		1.0
_	4 Transactions		Fi	led pursuant t or Section														
Name and Address of Reporting Person* WICKS FLOYD E			2. Issuer	or Section 30(h) of the Investment Company Act of 1940 2. Issuer Name and Ticker or Trading Symbol AMERICAN STATES WATER CO [AWR]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner							
(Last) (First) (Middle) 1647 POSILIPO LANE APT. E					3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 02/10/2004							X Officer (give title Other (specify below) CEO and President						
(Street) SANTA BARBARA CA 93108				4. If Ame	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 Person						
(City)	(S	tate)	(Zip)															
			le I - Non-Deri	1		_	cquir	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 Dispos (D) (Instr. 3, 4 and 5)				Securitie Beneficia Owned a		s Illy t end of	6. Ownership Form: Direct (D) or		7. Nature of Indirect Beneficial Ownership		
							Amount		(A) or (D)	Price	ce Y		iscal tr. 3 and	Indirect (I) (Instr. 4)		(Instr. 4)		
Common		12/31/2003(1)			P		57	79.5537	A	\$25	13,0		13.94		I 40		Κ	
Common											_	4,069.961			D			
Common												88			I C		ustodian	
		Т	able II - Deriva) و ,.e.g.,	itive Secu outs, calls									wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	of Expi		Expira	ate Exercisable and iration Date nth/Day/Year)		7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		De Se (Ir	Price of erivative ecurity istr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s Illy	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4		11. Nature of Indirect Beneficial Ownership Instr. 4)
					(A)	(A) (D) Date Exerci		sable	Expiration Date	Title	Amou or Numb of Share	er						
Stock Options	\$20.83						04/30/200		04/30/2010	Commo	n 3,960	0	3,960		D D			
Stock Options	\$20.83						04/30/200		4/30/2002 04/30/2010		n 3,960	0	7,9		7,920 D			
Stock Options	\$20.83						04/30/20		/2003 04/30/2010		n 4,080	0		12,00		D	1	
Stock Options	\$23.21						01/01/20		1/2002 01/01/2011		n 3,960	0	3,9		3,960 D)	
Stock Options	\$23.21						01/01/2		01/01/2011	1 Common 3,9		0		7,920		D		
Stock Options	\$23.21						01/01/	/01/2004 01/01/20		Commo	n 4,080	10		12,000		D		
Stock Options	\$23.43						02/03/	2003	02/03/2012	Commo	n 7,425	5		7,425	5	D	\downarrow	
Stock Options	\$23.43						02/03/	2004	02/03/2012	Commo	n 7,425	5		14,85	0	D		
Stock Options	\$23.43						02/03/	2005	02/03/2012	Commo	n 7,650	0		22,50	0	D		
Stock Options	\$23.15						12/31/	2004	12/31/2013	Commo	n 8,794	4		8,794	4	D	\int	
Stock Options	\$23.15						12/31/	2005	12/31/2013	Commo	n 8,794	4		17,58	8	D	\perp	
Stock	\$23.15	_					12/31/	2006	12/31/2013	Commo	n 9,062	2		26,65	0	D		

Explanation of Responses:

^{1.} Updated 401K employer contributions of Company Stock

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.