FORM 4

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

Washington,	D.C.	20549	
wasnington,	D.C.	20549	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-0287									
Estimated average burden									
hours per response: 0.5									

1. Name and Address of Reporting Person* HOLLOWAY ANNE M			Section 30(f) of the investment Company Act of 1940 Issuer Name and Ticker or Trading Symbol AMEDICAN STATES WATER CO. LAWD.							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
			AMERICAN STATES WATER CO [AWR								X Direc	,	10	% Owne	er		
(Last) 630 E F	(Fir	(First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year) 11/15/2023							1	Offic belov	er (give title v)		her (sped low)	cify
					4. If A	Amendmer	nt, Date o	f Origin	al File	d (Month/Day	/Year)	6. I		r Joint/Grou	p Filing (Che	ck Appli	icable
(Street)											X Form filed by One Reporting Person						
SAN DI	MAS CA	A 91773												Form filed by More than One Reportin Person			
(City)	(Sta	ate) (Z	Zip)		Rul	Rule 10b5-1(c) Transaction Indication											
						Check this b satisfy the a	box to indicaffirmative	cate that defense	a trans conditi	saction was ma ons of Rule 10t	de pursua 5-1(c). Se	nt to a co	entract, instr etion 10.	uction or writ	ten plan that i	s intended	d to
		Table	I - No	n-Deriva	tive S	Securiti	ies Acq	uired	, Dis	posed of,	or Ben	eficia	lly Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Date)			Execution Date,			Code (Instr. 5)				(A) or	5. Amo	5. Amount of Securities Beneficially Owned Following		ip 7. N	7. Nature of Indirect Beneficial Ownership		
				(Month/Day	//Year)	if any	<i>'</i>	Code (Disposed Of 5)	(D) (Instr.	3, 4 and	Benefi Owned	ties cially I Following	Form: Dire (D) or Indir (I) (Instr. 4)	of Ir ect Ben Owi	neficial nership
					//Year)	if any	<i>'</i>	Code ((A) or	3, 4 and	Benefi Owned Report Transa	ties cially I Following	(D) or Indir	of Ir ect Ben Owi	neficial
Common	Shares					if any	<i>'</i>	Code (8)	Instr.	5)	(A) or	1	Benefi Owned Report Transa (Instr.	ties cially I Following ted action(s)	(D) or Indir	of Ir ect Ben Owi	neficial nership
Common				(Month/Day	023	if any	<i>'</i>	Code (8)	Instr.	Amount	(A) or (D)	Price	Benefi Owned Report Transa (Instr.	ties cially I Following ted action(s) 3 and 4)	(D) or Indir (I) (Instr. 4)	of Ir ect Ben Owi	neficial nership
		Tal		08/15/2 11/15/2 Derivati	023 023 ve Se	if any (Month/D	Day/Year)	Code (8) Code A S ired, I	v Disp	Amount 93.9665 ⁽¹⁾	(A) or (D) A D r Bene	Price \$87. \$82	Benefi Owned Report Transa (Instr. 1 38,5	ties cially I Following ted iction(s) 3 and 4) 85.8207	(D) or Indir (I) (Instr. 4)	of Ir ect Ben Owi	neficial nership

Explanation of Responses:

1. DER Units credited on 08/15/2023 as dividend at FMV

Remarks:

/s/ Anne M. Holloway

Title

Amount or Number

11/16/2023

Expiration Date

Date Exercisable

** 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.

and 5)

(A) (D)