FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO                | OVAL      |  |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|--|
| 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).

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 and Address of Reporting Person*  KATHOL ROBERT F |   |  |   |         |                             | 2. Issuer Name <b>and</b> Ticker or Trading Symbol AMERICAN STATES WATER CO [ AWR ] |  |   |                                     |   |                      |   |                |                        |                                       | all app   | ship of Reporting Person(s) to Issuer applicable)   |   |   |  |  |
|   |   |  |   |         |                             |   |  |   |                                     |   |                      |   |                |                        |                                       | Direc   |   |   | 10% Owner   |  |  |
| (Last) (First) (Middle)                                   |   |  |   |         |                             |   | 3. Date of Earliest Transaction (Month/Day/Year) |   |                                     |   |                      |   |                |                        |                                       | Officer (give title below)                            |   |   | Other (specify below)                                 |  |  |
| 954 SOUTH 117TH COURT                                     |   |  |   |         |                             | 05/23/2007  |  |   |                                     |   |                      |   |                |                        |                                       |   |   |   |   |  |  |
|   |   |  |   |         |                             | 4. If Amendment, Date of Original Filed (Month/Day/Year)                            |  |   |                                     |   |                      |   |                |                        |                                       | 6. Individual or Joint/Group Filing (Check Applicable |   |   |   |  |  |
| (Street)  |   |  |   |         |                             |   |  |   |                                     |   |                      |   |                |                        | .ine)<br>X                            | Forn  | Form filed by One Reporting Person  |   |   |  |  |
| OMAHA NE 68154  |   |  |   |         |                             |   |  |   |                                     |   |                      |   |                | Λ                      | Form filed by More than One Reporting |   |   |   |   |  |  |
|   |   |  |   |         |                             |   |  |   |                                     |   |                      |   |                |                        |                                       | Person  |   |   |   |  |  |
| (City)  | (St   | ate) (                                     | Zip)  |         |                             |   |  |   |                                     |   |                      |   |                |                        |                                       |   |   |   |   |  |  |
|   |   | Tabl                                       | e I - No                                    | n-Deriv | ative                       | Se  | curiti   | es Ac   | quired,                             | Dis                                     | posed o              | f, o  | r Ber          | efici                  | ally                                  | Owne  | ed  |   |   |  |  |
| Date  |   |  |   | Date    |                             |   |  | 2A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) |                                     | 3.<br>Transaction<br>Code (Instr.<br>8) |                      | 4. Securities Acquired (A)<br>Disposed Of (D) (Instr. 3, 4<br>5)                                  |                |                        |                                       | Securi<br>Benefi<br>Owned                             | cially<br>I Following   | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) |   | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership                |  |
|   |   |  |   |         |                             |   |  |   | Code                                | v                                       | Amount               |   | (A) or<br>(D)  | Pric                   | e                                     | Reported<br>Transaction(s)<br>(Instr. 3 and 4)        |   |   |   | (Instr. 4)   |  |
| Common  | 05/21   | /2007                                      | 2007  |         |                             | A   |  | 542.15  | 23                                  | A                                       | \$                   | \$ <mark>0</mark>   |                | 11,181.1188            |                                       | D   |   |   |   |  |  |
| Common  | 02/09   | /2007                                      | 2007  |         | A                           |   | 84.3602  | (1)   | A                                   | \$0                                     |                      | 11,265.479  |                |                        | D                                     |   |   |   |   |  |  |
| Common  |   |  |   |         | 7/2007                      |   |  |   | A                                   |   | 86.2192              | (2)   | Α              | \$0                    |                                       | 11,351.6982   |   |   | D   |  |  |
|   |   | Та   |   |         |                             |   |  |   |                                     |   | osed of,<br>onvertib |   |                |                        |                                       | vned  |   |   |   |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)       | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deen<br>Execution<br>if any<br>(Month/D | n Date, | ate, Transacti<br>Code (Ins |   |  |   | 6. Date E<br>Expiration<br>(Month/I | on Dat                                  |                      | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr.<br>and 4) |                | J<br>nstr. 3           | Deri<br>Secu                          | Price of<br>ivative<br>curity<br>str. 5)              | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ov<br>Fo<br>Di<br>or<br>(I)                                       | vnership<br>rm:<br>rect (D)<br>Indirect<br>(Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|   |   |  |   |         | Code                        | v   | (A)  | (D)   | Date<br>Exercisa                    |   | Expiration<br>Date   | Title   | or<br>Nu<br>of | nount<br>imber<br>ares |                                       |   |   |   |   |  |  |

## Explanation of Responses:

- 1. DER units credited on 2/9/2007 as dividend at FMV
- 2. DER units credit on 5/7/2007 as dividend at FMV

/s/ Robert F. Kathol

05/23/2007

\*\* 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.