FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-------|--|--|--|--|--|--|--|--|
| OMB Number: 3235-02 | | | | | | | | | |
| 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* DAVIS STEVEN D | 2. Issuer Name and Ticker or Trading Symbol AMERICAN STATES WATER CO AWR | | | | | | | ck all app Direc | onship of Reporti all applicable) Director Officer (give title | | 10% O\ | Owner | | | | |
|--|--|--|-------|---|---------------------------|--|---|--|---|---|---|----------------------------|---|---|--|--|
| (Last) (First) (Middle 630 E FOOTHILL BLVD. | | 3. Date of Earliest Transaction (Month/Day/Year) 11/10/2023 | | | | | | | belov | | | Other (s | specify | | | |
| (Street) SAN DIMAS CA 91773 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | Line) | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | | | | |
| SAN DIMAS CA 91//S | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) (State) (Zip) | Rul | Rule 10b5-1(c) Transaction Indication | | | | | | | | | | | | | | |
| | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | | | | | | | |
| Table I - N | lon-Deriva | tive S | Secur | rities | Acq | uired, | Dis | posed of | , or E | Bene | ficiall | y Own | ed | | | |
| 1. Title of Security (Instr. 3) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | Transaction Disposed Of (D) Code (Instr. 5) | | | Acquired (A) or f (D) (Instr. 3, 4 and | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | Code | v | Amount | (A) (D) | or P | Price | Transa | ed ction(s) 3 and 4) | | l (in | (Instr. 4) | |
| Common Shares 11/1 | | | 2023 | | | P | | 900 | A | | \$77.9 | 2,37 | 74.1793 | | D | |
| Common Shares 11/10/2 | | | 2023 | | P | | 100 | A \$7 | | \$77.89 | 9 2,474.1793 | | | D | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | |
| Derivative Conversion Date Security Or Exercise (Month/Day/Year) Exercise | Deemed cution Date, y nth/Day/Year) | 4. Transaction Code (Instr. 8) | | of Deriv | r osed) r. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) | | De Se (Ir | Price of erivative ecurity nstr. 5) | | Ow For Dire or I (I) (| .0. Ownership Form: Direct (D) or Indirect I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Evnlanation of Responses: | | Code V (A) | | (D) | Date Exercis | able | Expiration Date | Title | Amo or Num of Shar | ber | | | | | | |

Remarks:

/s/ Steven D. Davis

11/13/2023

** 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.