FORM 5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL

| OMB APPROVAL | | | | | | | | |
|-----------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0362 | | | | | | | |
| Estimated average bur | den | | | | | | | |

| Instructi | ion 1(b). Holdings Repo | rted. | OWNERSHIP | | | | | | | | | Estimated average burden hours per response: | | | rden 1.0 | | |
|--|--|--|---|---|---|---|--|--|--------------------|--|--|---|--|---------------------------------------|---|---|--|
| Form 4 | Form 4 Transactions Reported. Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | | | | | | | | |
| Name and Address of Reporting Person* WICKS FLOYD E | | | | 2. Issuer Name and Ticker or Trading Symbol AMERICAN STATES WATER CO [AWR] | | | | | | | 5. Relationship of Reporting Person(s) to Issue (Check all applicable) Director 10% Owner Officer (size title | | | | Owner | | |
| (Last) (First) (Middle) 1647 POSILIPO LANE APT. E | | | | 3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2007 | | | | | Year) | X Officer (give title Other (specify below) CEO and President | | | | | | | |
| (Street) SANTA BARBAF | | |)3108 | 4. If Amendment, Date of Original Filed (Month/Day/Year) 01/31/2008 | | | | | | | Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | rson | | |
| (City) | (City) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | |
| 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. | | 4. Securities Acquired (A) or Dispos | | | | Of 5. Amou Securiti Benefic | int of es ially | Forn | ership n: Direct | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | Amoun | t | (A) or (D) | Price | Owned at end of Issuer's Fiscal Year (Instr. 3 and 4) | | (D) or Indirect (I) (Instr. 4) | | | |
| common stock | | | 12/31/2007 | | | A | | 65.2341 ⁽¹⁾ | | A | \$0 | 8,30 | 8,308.9129 | | D | | |
| common stock | | | 12/31/2007 | | | A | | 50.7 | 236 ⁽²⁾ | D | \$ <mark>0</mark> | 8,35 | 8,359.6365 | | D | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | |
| 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 Deriv Secu Acqu (A) o Dispe | vative (Monurities uired or cosed b) tr. 3, 4 | | Date Exercisable and piration Date onth/Day/Year) te Expiration | | Amor Secu Unde Deriv Secu and 4 | rities rlying ative rity (Instr. 3 | 8. Price of Derivative Security (Instr. 5) | 9. Numbo derivativ Securitie Beneficia Owned Followin Reported Transact (Instr. 4) | re es ally g d tion(s) | 10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

- $1.\ DER\ units\ credited\ in\ Mar,\ June,\ Sept.\ \&\ Dec\ of\ 2007\ omitted\ from\ Form\ 5\ filed\ on\ 1/31/2008$
- 2. DER units credited in Mar, June, Sept. & Dec of 2007 omitted from Form 5 filed on 1/31/08

/s/ Floyd E. Wicks 02/01/2008

** Signature of Reporting Person

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.