FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## OMB APPROVAL OMB Number: 32350104 Estimated average burden hours per response: 0.5

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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 Pierotti J		porting Person*	2. Date of E Requiring S (Month/Day 03/11/202	Statement //Year)	3. Issuer Name and Ticker or Trading Symbol AMERICAN STATES WATER CO [ AWR ]						
(Last) (First) (Middle) 630 E FOOTHILL BLVD					4. Relationship of Reporting Issuer (Check all applicable)	,	`,		5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street) SAN DIMAS (City)	CA (State)	91773 (Zip)			Director  X Officer (give title below)  Vice President R	10% Owner Other (specify below) eg Affairs		6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person			
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. I)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Shares					185.2105	D					
Common Shares					271.5576	I		401k			
Common Shares					413.8852	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
'''' ',			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of S Underlying Derivative So (Instr. 4)					6. Nature of Indirect Beneficial Ownership (Instr.	
			Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security		or Indirect (I) (Instr. 5)	5)	

**Explanation of Responses:** 

Remarks:

<u>/s/ Jon Pierotti</u> <u>03/15/2022</u>

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).