FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

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

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* ANDERSON JAMES L				2. Issuer Name and Ticker or Trading Symbol AMERICAN STATES WATER CO [AWR]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
ANDE	KJOIN JA	LIVILO L													X	Direc	ctor	10% (Owner	
(Last)	(Fi	rst) (Middle)			ate o		st Trans	saction (N	/Jonth	/Day/Year)					Office	er (give title v)	Other below	(specify)	
630 E FC	OTHILL E	BLVD.																		
-					_ 4. If	Ame	ndmen	, Date o	of Origina	al Filed	d (Month/Da	ay/Ye	ear)		3. Indiv Line)	vidual o	r Joint/Group	Filing (Check A	Applicable	
(Street)														Ι,	X	Form	n filed by One	e Reporting Pers	son	
SAN DII	MAS CA	A	91773												Form filed by More than One Reporting Person					
(City)	(St	ate) (Zip)																	
		Tabl	e I - No	n-Deri	<i>r</i> ative	Sec	curiti	es Ac	quired	, Dis	posed o	f, o	r Ben	efici	ally	Owne	ed			
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. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				4 and 5) Se Be Ov		ount of ities icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership				
							Code	v	Amount	(A) or (D) Pr		Pric	е	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)			
Common Shares		08/15	08/15/2018				A		82.4484(1)		A	\$59.42		33,859.7351		D				
Common Shares		08/31	08/31/2018				A		6.1999	(2)	Α	\$60.43		33,	865.935	D				
Common Shares		11/15	11/15/2018				A		75.1873	(3)	Α	\$65.46		33,9	941.1223	D				
Common Shares		01/09	1/09/2019				D		0.6281 ⁽⁴⁾ D		\$0	33,940.494		940.4942	D					
Common Shares 01/17/		//2019	2019			A		290(5)		A	\$0.00		34,230.4942		D					
Common Shares 02			02/15	/2019				A		72.4259	(6)	A	\$69.64		34,302.9201		D			
Common Shares 02/28		/2019	2019			S		1,000		D	\$7	\$71.2		302.9201	D					
Common Shares 02/28/2				/2019	2019			S		500		D	\$7	\$71.18 32		302.9201	D			
		Ta	ble II -					-	-		osed of,				-	wned				
1. Title of	(e.g., puts, calls, warrants, options, convertible securities) 1. Title of 2. 3. Transaction 3A. Deemed 4. 5. Number 6. Date Exercisable and 7. Title and 8. Price of 9. Number of 10. 11. Nature																			
Derivative Security (Instr. 3) Conversion or Exercise Price of Derivative Security Date (Month/Day/V			Execution if any (Month/I	n Date, Transac Code (In			tion of		Expirati (Month/	on Dat	te	Am Sec Un Dec	Amount of Securities Underlying Derivative Security (In: and 4)		Deri Sec	erivative ecurity estr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	of Indirect Beneficial Ownership (Instr. 4)	
			Code	v			Date Exercisa		Expiration Date	Titl	or Nu of	nount mber ares								

Explanation of Responses:

- 1. DER Units credited on 08/15/2018 as dividend at FMV
- 2. DER Units credited on 08/31/2018 as dividend at FMV
- 3. DER Units credited on 11/15/2018 as dividend at FMV
- 4. Adjustment due to partial share
- 5. Updated Drip from Schwab Account
- 6. DER Units credited on 02/15/2019 as dividend at FMV

Remarks:

/s/ JAMES L ANDERSON

03/01/2019

** 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.