Edgar Filing: AMERICAN STATES WATER CO - Form 4

AMERICAN STATES WATER CO Form 4 July 03, 2017 FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b). Check this box if no longer StateMent OF CHANGES IN BENEFICIAL OWNERSHIP OF Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, State of the Public Utility Holding Company Act of 1935 or Section 1(b). Check this box if no longer State of the Public Utility Holding Company Act of 1935 or Section 1(b). Check this box if no longer State of the Public Utility Holding Company Act of 1935 or Section 1(b). Check this box if no longer State of the Public Utility Holding Company Act of 1935 or Section 1(b). Check this box if no longer State of the Public Utility Holding Company Act of 1935 or Section 1(b). Check this box if no longer State of the Public Utility Holding Company Act of 1935 or Section 1(b). Check this box if no longer State of the Public Utility Holding Company Act of 1935 or Section 1(b). Check this box if no longer State of the Public Utility Holding Company Act of 1935 or Section 1(b). Check this box if no longer State of the Public Utility Holding Company Act of 1935 or Section 1(b). Check this box if no longer State of the Public Utility Holding Company Act of 1935 or Section 1(b). Check this box if no longer State of the Public Utility Holding Company Act of 1935 or Section 1(b). State of the Public Utility Holding Company Act of 1935 or Section 1(b). Check this box If no longer If no longer I											
(Print or Type R 1. Name and A KRUGER D	ymbol	RICAN STATES WATER CO				5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
5775 SOUTHVIEW (Month/E 07/03/2			Aonth/Day/Year) 7/03/2017	03/2017				Director 10% Owner Officer (give title Other (specify below) Sr. Vice President			
YORBA LIN	II Amendment, Da	mendment, Date Original /onth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person 					
(City) 1.Title of Security (Instr. 3) Common Shares	2. Transaction Date	Zip) 2A. Deemed Execution D any (Month/Day	d 3. Date, if Transactio Code	4. Securit n(A) or Di (Instr. 3, - Amount	ties Ac sposed	quired of (D)	uired, Disposed of 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) 13,197.031	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of		

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

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 control number.

 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)	ate, if Transaction Code	5. ionNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3,			7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
			Code V	4, and 5) 7 (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Add	ress	ss Relationships						
	Director	10% Owner	Officer	Other				
KRUGER DENISE L 5775 SOUTHVIEW YORBA LINDA, CA 9288	37		Sr. Vice President					
Signatures								
/s/ Denise L. Kruger	07/03/2017							
<u>**</u> Signature of Reporting Person	Date							

Explanation of Responses:

* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.