### FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

#### STATEMENT OF CHANGES IN 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

(Print or Ty	pe Response	s)														
Name and Address of Reporting Person*  Rossi Michael J				2. Issuer Name a CALIFORNIA [CWT]	0,		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director X Officer (give title below)  VP. Continuous Improvement									
C/O CALIBODAHA HAARED CEDIMOE				3. Date of Earliest Transaction (Month/Day/Year) 07/04/2015							VP, Coi	itinuous Imp	provement			
SAN JOS	SE, CA 95	(Street)		4. If Amendment,	Date Origi	nal F	iled(Month	/Day/Year	·)	_X_ Form fil	ual or Joint/O ed by One Repo ed by More than	orting Person		ble Line)		
(City	·)	(State)	(Zip)	Ta	ble I - No	n-Dei	rivative S	ecuritie	ired, Disposed of, or Beneficially Owned							
(Instr. 3) Date			2A. Deemed Execution Date, if any	(Instr. 8)		tion 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			Form:	7. Nature of Indirect Beneficial			
			(Month/Day/Year)	Code	V	Amount	(A) or (D)	Price	(Instr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)			
Common Stock		07/04/2015		F		26 (1)	D	\$ 23.24	28,856			D				
Common Stock		07/05/2015		F		30 (2)	D	\$ 23.24	28,826			D				
Common Stock		07/06/2015		F		37 <sup>(3)</sup>	D	\$ 23.54	28,789			D				
Reminder:	Report on a s	separate line f	or each class of secur	rities beneficially ov	vned direct	-	•									
						con	tained ir	this fo	orm are	not requ	ction of inf uired to res OMB cont	spond unle	ess	1474 (9-02)		
				Derivative Securiti e.g., puts, calls, wa						ly Owned						
1. Title of Derivative Security (Instr. 3)  Price of Derivative Security		tercise (Month/Day/Year) any (Month/Day/Year) (Month/Day/Year)		4. te, if Transaction Code Year) (Instr. 8)	5. 6. Γ Number and		Date Exercisable 1 Expiration Date onth/Day/Year)		7. Ta	itle and ount of erlying arities tr. 3 and	8. Price of Derivative Security (Instr. 5)	9. Number Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Owners Form of Derivat Security Direct ( or Indir	Beneficia Ownershi (Instr. 4) D) ect		
				Code V	(A) (D)	Date Exe	-	Expirati Date	on Title	Amount or Number of Shares						

## **Reporting Owners**

	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
Rossi Michael J C/O CALIFORNIA WATER SERVICE GROUP 1720 NORTH FIRST STREET SAN JOSE, CA 95112			VP, Continuous Improvement						

#### **Signatures**

/s/ Michelle Mortensen on behalf of Michael J. Rossi	07/0	7/2015	5
**Signature of Reporting Person	Di	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).
- (1) Represents the number of shares withheld by and surrendered to the Issuer to satisfy the tax withholding obligations that arose in connection with the vesting of the Restricted Stock Award (RSA) Award #283.
- (2) Represents the number of shares withheld by and surrendered to the Issuer to satisfy the tax withholding obligations that arose in connection with the vesting of the Restricted Stock Award (RSA) Award #268.
- (3) Represents the number of shares withheld by and surrendered to the Issuer to satisfy the tax withholding obligations that arose in connection with the vesting of the Restricted Stock Award (RSA) Award #238.

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.