## FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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)															
1. Name and Address of Reporting Person* Rossi Michael J				2. Issuer Name and Ticker or Trading Symbol CALIFORNIA WATER SERVICE GROUP [CWT]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner Officer (give title below) Other (specify below)  VP, Continuous Improvement						
(Last) (First) (Middle) C/O CALIFORNIA WATER SERVICE GROUP, 1720 NORTH FIRST STREET				3. Date of Earliest Transaction (Month/Day/Year) 11/04/2015								VP, Coi	itinuous Imj	provement			
SAN JOS	SE, CA 95	(Street)		4. If	Amendment,	Date Or	iginal	Filed(M	fonth/	/Day/Year)		_X_ Form fil	ual or Joint/Oled by One Repo	orting Person		cable L	ine)
(City) (State) (Zip)			Table I - Non-Derivative Securities Acqui						ired, Disposed of, or Beneficially Owned								
(Instr. 3)		2. Transaction Date (Month/Day/Year)			(Instr. 8)		4. Securities Acquires (A) or Disposed of (Instr. 3, 4 and 5)			of (D)	Reported Transaction(s)		Ownership of B		. Nature f Indirect seneficial		
					Code		V Amo	ount	(A) or (D)	Price	(Instr. 3 a	anu 4)		Direct (D or Indirec (I) (Instr. 4)	Indirect (Inst		
Common	Stock		11/04/2015			F		27	(1)	D 2	\$ 22.72	28,477			D		
Common Stock		11/05/2015			F		31	(2)	11)	\$ 22.72	28,446	28,446		D			
Common Stock			11/06/2015			F		37	<u>(3)</u>	$D = \frac{9}{2}$	\$ 21.85	28,409	8,409		D		
Reminder:	Report on a s	separate line fo	or each class of secur		eneficially ov		Pe co the	ersons ontaine e form	who d in dis	o respoi this for plays a	rm are curre	not requesting ntly valid	ction of inf uired to res OMB conf	spond unle	ess	C 147	74 (9-02)
1	1	1			uts, calls, wa	rrants,	optio	ns, con	vert	ible secu	rities)			ı			
Derivative Conversion		3. Transactio Date (Month/Day/	Execution Da		Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)			Amo Und Secu	Title and ount of derlying urities tr. 3 and	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owne Form Deriv Secur Direct or Ind	of ative ity: (D) irect	11. Nature of Indirec Beneficial Ownershi (Instr. 4)
					Code V	(A) (I	E	ate xercisab		Expiration Date	n 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	11/06/2015	
**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).
- (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.