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 * Smegal Thomas F III				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 X Officer (give title below) Other (specify below)					
(Last) (First) (Middle) CALIFORNIA WATER SERVICE COMPANY, 1720 NORTH FIRST STREET				3. Date of Earliest Transaction (Month/Day/Year) 02/03/2017								VP,	CFO & Trea	surer		
(Street) SAN JOSE, CA 95112				4. If Amendment, Date Original Filed(Month/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	<i>i</i>)	(State)	(Zip)		7	[able]	I - Non	-Deri	ivative :	Securities	Acqui	red, Disp	osed of, or l	Beneficially (Owned	
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, i any (Month/Day/Yea		if Code (Instr. 8)		4. Securities Acqu (A) or Disposed o (Instr. 3, 4 and 5)		of (D)	Beneficia	ount of Securities cially Owned Following ed Transaction(s) 3 and 4)		6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership		
						(Code	V	Amour	(A) or (D)	Price				or Indirect (I) (Instr. 4)	(Instr. 4)
Commor	n Stock		02/03/2017				F		36 (1)	D	\$ 34	30,555			D	
Commor	Common Stock 02/04/2017		02/04/2017				F		39 (2)	D	\$ 34	30,516			D	
Reminder:	Report on a s	separate line fo	r each class of secur Table II - I	Derivative	Secur	ities A	cquire	Personta conta the fo	ons whained i orm dis	no respo n this for splays a	rm are currer reficiall	not requality valid	OMB con	ormation spond unle trol number	ss	1474 (9-02)
1 Tid 6	<u></u>	2		e.g., puts,	calls, v		nts, opt					41 1	0 D.:C	0. No	£ 10	11 N-6-
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	(Month/Day/Year) any		te, if 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 Undo Secu	itle and bunt of erlying irities r. 3 and	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form of Derivati Security Direct (or Indire	Ownersh (Instr. 4) D)	
								Date		Expiration Date	n Title	Amount or Number of				

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Smegal Thomas F III CALIFORNIA WATER SERVICE COMPANY 1720 NORTH FIRST STREET SAN JOSE, CA 95112			VP, CFO & Treasurer			

Signatures

/s/ Michelle Mortensen on behalf of Thomas F. Smegal III	02/07/2017

**Signature of Reporting Person	Da	ate

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 #342.
- (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 #284.

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.