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

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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* KROPELNICKI MARTIN A | | | | 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) President & CEO | | | | | | | | | |
| | (Last) (First) (Middle) 1720 NORTH FIRST ST | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/03/2017 | | | | | | | | | Р | resident & C | EO | | | | |
| (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 PersonForm filed by More than One Reporting Person | | | | | | | | | |
| (City | - 1 | (State) | | (Zip) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | |
| 1.Title of Security (Instr. 3) | | Date | ansaction th/Day/Year) | Exec | | | (Instr. 8) | | tion | 4. Securities Acquired (A) or Disposed of (Instr. 3, 4 and 5) | | of (D) | D) Beneficia Reported | | ant of Securities ally Owned Following d Transaction(s) | | 6. Ownership Form: | mership om: | Beneficial | |
| | | | | | (Mor | nth/Day/Y | ear) | | ode | V | Amoun | (A) or (D) | Price | (Instr. | 3 a | nd 4) | | or I (I) | | Ownership Instr. 4) |
| Common Stock 05/03/2017 | | | | | |] | F | | 175 ⁽¹ | , , , , | \$ 35.15 | 67,456 | | | | D | | | | |
| | | | | Table II - l | | | | | quire | the f | orm di | splays a | curre | ently va | ılid | | spond unle trol numbe | | | |
| | | 3. Transaction Date (Month/Day/ | | 3A. Deemed Execution Date, | te, if | 4. Transaction Code | | 5. | | 6. Da and 1 (Mon | | | 7. Ti Amo Und Secu (Inst 4) | Fitle and nount of derlying curities str. 3 and | ount of lerlying urities tr. 3 and | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y n(s) | 10. Ownershi Form of Derivativ Security: Direct (D or Indirec (I) (Instr. 4) | Beneficia Ownershi (Instr. 4) |
| | | | | | | Code | V | (A) | (D) | Exer | cisable | Date | Tit | of Share | | | | | | |
| Repor | ting O | wners | | | | | | | | | | | | | | | | | | |

| | Relationships | | | | | | | | |
|---|---------------|--------------|-----------------|-------|--|--|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | | | |
| KROPELNICKI MARTIN A 1720 NORTH FIRST ST | | | President & CEO | | | | | | |
| SAN JOSE, CA 95112 | | | 1100.00.00 | | | | | | |

Signatures

| /s/ Michelle Mortensen on behalf of Martin A. Kropelnicki | 05/05/2017 |
|---|------------|
| **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 #337.

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.