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

| (11mt of 1y | pe Response | s) | | | | | | | | | | | | | | |
|---|---------------------------------------|---------------------------------|--|--|---|---|---------------|--|------------------------|---|---|---|-------------|---|----------------------|----------------------------------|
| 1. Name and Address of Reporting Person* Healey David B | | | | 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) C/O CALIFORNIA WATER SERVICE COMPANY, 1720 NORTH FIRST STREET | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/28/2018 | | | | | | | | | VP, Control | er | | |
| (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 | (City) (State) (Zip) | | | | Table I - Non-Derivative Securities Acqui | | | | | | nired, Disposed of, or Beneficially Owned | | | | | |
| 1.Title of S (Instr. 3) | nstr. 3) Date | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | (Instr. 8) | | (A) or Disposed of (Instr. 3, 4 and 5) (A) or | | of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| Common Stock 11/28/2018 | | | | I | ſŦ. | | 95 <u>(1)</u> | D | \$ 46.58 | 13,397 | | | D | | | |
| | - Copon on a | osparace into i | or each class of secur | Derivat | ive Securit | ies Ac | quire | Pers cont the f | ons whained in orm dis | o responding this for this for Be | orm are a curre eneficia | e not requently valid | | ormation spond unle rol numbe | ss | 1474 (9-02) |
| | I. | la = | | | ts, calls, w | | ts, opt | | | | | | | | 2 40 | 44.35 |
| 1. Title of Derivative Security (Instr. 3) | Conversion or Exercise Price of | 3. Transaction Date (Month/Day/ | Execution Da | ate, if Tran | ransaction ode | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | | and | Expiration | e Exercisable xpiration Date th/Day/Year) | | itle and ount of lerlying urities tr. 3 and | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4) | Owners Form of | Beneficia Ownershi (Instr. 4) D) |
| | Derivative Security | | | | | (A) or Dispo of (D) (Instr. | sed | | 1 | | 4) | Amount | | Reported Transaction | Direct (or Indir | D) ect |

Reporting Owners

| | Relationships | | | | | |
|---|---------------|--------------|----------------|-------|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | |
| Healey David B C/O CALIFORNIA WATER SERVICE COMPANY 1720 NORTH FIRST STREET SAN JOSE, CA 95112 | | | VP, Controller | | | |

Signatures

| /s/ Michelle Mortensen on behalf of David B. Healey | 11/30/2018 |
|---|------------|
| 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 (RSA) Award #394.

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.