FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: | 0.5 | | | | | | |

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| 1. Name and Address of Reporting Person* Dean Shannon C (Last) (First) (Middle) 1720 NORTH FIRST STREET | | | | | 2. Issuer Name and Ticker or Trading Symbol CALIFORNIA WATER SERVICE GROUP [CWT] 3. Date of Earliest Transaction (Month/Day/Year) 04/03/2016 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | (Check | S. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner X Officer (give title Other (specify below) VP, Corp Comm & Comm Affairs 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
|---|--|-----------|--|----------------------------------|---|--|---------|--|----------|---------------------|--|-------|--------------------|--|--|----------------|---|--|-----------|
| (Street) SAN JOSE (City) | CA (State) | 95 (Zi | T. II Ziliondinont, Date di Originali i led (Moriulizay) Fedi) | | | | | | | | | X | , | | | | | | |
| | | Та | ble I - Nor | n-Deri | vativ | e Se | curitie | s Acqı | uired, l | Disp | osed of, | or I | Benefi | cially Ow | ned | | | | |
| Date | | | | ransaction e nth/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | | | | | Securities Beneficiall Following | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | | rnership : Direct (D) lirect (I) . 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | | | | v | Amount | | (A) or (D) | Price | (Instr. 3 and 4) | | | | (11150.4) |
| Common Stock 04/0 | | | | | | 03/2016 | | | F | F 29 ⁽¹⁾ | | | D | \$26.83 | 5,634 | | | D | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion Date (Month/Day/Year) 3. Transaction Date Execution Date (Month/Day/Year) 34. Deemed Execution Date if any (Month/Day/Year) | | | ate, T | Code (Instr. | | 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) | | | 7. Title and Amor Securities Under Derivative Securi (Instr. 3 and 4) | | derlying curity | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(| e s Illy | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| Fundamentian of Da | | | | C | Code | v | (A) | (D) | | | Expiration Date | Title | | Amount or Number of Shares | | (Instr. 4) | on(s) | | |

Explanation of Responses:

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 #334.

Remarks:

Michelle Mortensen

04/05/2016

** Signature of Reporting Person

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.