SEC Form 4

FORM 4

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

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 [*] NELSON PETER C | | | | | 2. Issuer Name and Ticker or Trading Symbol CALIFORNIA WATER SERVICE GROUP | | | | | | | (Check | all applicab | ionship of Reporting Person(s) to Issue all applicable) | | | |
| | | | | | | | | | | | | | Director | | | 10% Ov | vner |
| | | | | | | | | | | | | _ | | Officer (give title | | Other (spe | |
| (Last) (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/06/2018 | | | | | | | | below) | | | below) | |
| C/O CALIFORNIA WATER SERVICE GROUP | | | | | | | | | | | | | | | | | |
| 1720 NORTH FIRST STREET | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | |
| (Street) | | | | | | | | | | | | | Form filed by More than One Reporting Pe | | | g Person | |
| SAN JOSE CA 95112 | | | | | | | | | | | | | | | | | |
| (City) | (State) | (Zi | p) | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | |
| Date | | | | | nsaction n/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | Transaction Disp Code (Instr. | | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a | | | | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | Code | v | Amount (A) or (D) | | Price | (Instr. 3 an | | | | (1150.4) | |
| Common Stoc | 03/0 | 6/2018 | | A | | 2,084 | 4 | Α | \$35.4 | \$35.4 42,977 | | [| 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 or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Da if any (Month/Day/Y |) c | 4. Fransaction Code (Instr. 3) | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | 6. Date I Expiratio (Month/I | on Dat | | | derlying curity | 8. Price of Derivative Security (Instr. 5) Beneficial Owned Following Reported | | e O s Fe Ily Di oi | 0. wnership orm: irect (D) r Indirect) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

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|---------------------------|--|--|--|---|------|---|----------|-----|---------------------|--------------------|-------|-------------------------------------|--|
| | | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | |
| Explanation of Responses: | | | | | | | | | | | | | |

Remarks:

Restricted stock granted 03/06/2018 pursuant to the California Water Service Group equity incentive plan in a transaction exempt under Rule 16-b-3. RSA vests with a one-year cliff vesting term, vesting 100% on the first anniversary of the grant date.

Michelle Mortensen

** Signature of Reporting Person

03/08/2018

Owned Following Reported

Transaction(s) (Instr. 4)

Date

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.