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 * Townsley Paul G. (Last) (First) (Middle) 1720 NORTH FIRST STREET | | | | | CA CW ⁻ 3. Da 12/0 | Issuer Name and Ticker or Trading Symbol CALIFORNIA WATER SERVICE GROUP [CWT] 3. Date of Earliest Transaction (Month/Day/Year) 12/06/2019 | | | | | | | | | Relationship of Reporting Person(s) to Issuer Check all applicable) Director 10% Owner X Officer (give title below) below) VP, Rates & Reg Matters | | | | specify |
|--|--|------------------------|---|---------------|--|--|----------------------------------|---|---|--------|--|---|--|--|---|---|---|---|---------|
| (Street) SAN JOSE (City) | CA (State) | 95 (Zi _l | i112 o) | | 4. If <i>P</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | dividual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| Date | | | | nth/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | | ties Acquired (A) or I Of (D) (Instr. 3, 4 ar | | () or (4 and 5) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | | 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 and 4) | | | | , , | |
| Common Stock 12/00 | | | | | 06/2019 | | | F | | 83(1) | 83 ⁽¹⁾ D | | \$51.89 | 19,864 | 19,864.32(2) | | 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) | nstr. 3) or Exercise Price of Derivative Security (Month/Day/Year) if any (Month/Day/Year) | | I. Fransaction Code (Instr. B) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date I Expiration (Month/I | | Securities Under Derivative Securi (Instr. 3 and 4) | | derlying curity | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4) | e s illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | | |

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 (RSA) Award #445.
- 2. Represents the number of shares acquired through the Employee Stock Participation Program for September 2019, October 2019 and November 2019 and Dividend Reinvestment for November 2019.

Remarks:

/s/ Michelle Mortensen on behalf of Paul G. Townsley

12/09/2019

** Signature of Reporting Person

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.