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 | | | | | | | |

| 1 | Check this box if no longer subject to |
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| ı | 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 * BAYER TERRY (Last) (First) (Middle) | | | | | Issuer Name and Ticker or Trading Symbol CALIFORNIA WATER SERVICE GROUP [CWT] 3. Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | | ationship of F call applicab Director Officer (g below) | le) | Person | (s) to Issuer 10% Ov Other (s below) | |
|--|--|--|---|-----------------------------------|---|---|--|---|---|--------------------|-----------|------------------|--|--|---|--|---|---|---------------------------------------|
| 1720 NORTH FIRST STREET | | | | | - | 03/03/2020 | | | | | | | | | | | | | |
| (Street) SAN JOSE (City) | (State) | 95 (Zi | i112 p) | | 4. If A | X Form | | | | | | | Form file | al 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 | | | | ransaction e enth/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) 4. Securi Disposed | | | | | Securities Beneficiall Following | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) | | vnership :: Direct (D) direct (I) :. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | Code | v | Amount | | (A) or (D) | Price | (Instr. 3 and 4) | | | | (111501.4) | |
| Common Stoc | k | | | 03/0 | 03/202 | 20 | | | A 1,630 A \$0.00 14,499 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 Date, if any (Month/Day/Year) | | Code (Instr. | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisabl Expiration Date (Month/Day/Year) | | te | Securities Under | | derlying curity | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficia Owned Following Reported Transacti | e s Ily | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | | Code | ode V (A) (D) | | Date Exercisa | | Expiration Date | or Nur | | Amount or Number of Shares | (Instr. 4) | | O11(3) | | | |

Explanation of Responses:

Remarks:

Restricted stock granted 03/03/2020 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.

/s/ Michelle Mortensen on behalf of Terry Bayer

03/05/2020

** 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.