SEC Form 3

FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL OMB Number: 3235-0104 Estimated average burden hours per response: 0.5

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 Addr Scanlon Th	Person*	2. Date of Event Re Statement (Month/D 01/01/2023	· •	3. Issuer Name and Ticker or Trading Symbol CALIFORNIA WATER SERVICE GROUP [ CWT ]					
(Last) 1720 NORTH (Street) SAN JOSE (City)	(First) I FIRST STRE CA (State)	(Middle) EET 95112 (Zip)			4. Relationship of Reporting Person( (Check all applicable) Director X Officer (give title below) Corporate Controlle	10% Owner Other (speci below)		<ul> <li>5. If Amendment, Date of Original Filed (Month/Day/Year)</li> <li>6. Individual or Joint/Group Filing (Check Applicable Line)</li> <li>X Form filed by One Reporting Person</li> <li>Form filed by More than One Reporting Person</li> </ul>	
,	· · /					<u> </u>			
			Table I - Nor	n-Derivat	tive Securities Beneficially	Owned			
1. Title of Security (Instr. 4)					. Amount of Securities leneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)4.		4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Common Stock					1,012.62	D			
					re Securities Beneficially O ants, options, convertible s				
1. Title of Derivative Security (Instr. 4) 2. Date Exercisable Expiration Date (Month/Day/Year)			te	d 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Convers or Exerc	cise (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
Explanation of Re				Expiration Date	Title	Amount or Number of Shares	Price of Derivati Security	ve (Instr. 5)	

Demonstration

Remarks:

/s/ Michelle Mortensen on behalf of Tomas A Scanlon

\*\* Signature of Reporting Person Date

01/05/2022

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

 $^{\ast}$  If the form is filed by more than one reporting person, see Instruction 5 (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.