FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

| OMB APPR | OVAL | |
|--------------------|--------|-----|
| OMB Number: | 3235-0 | 287 |
| Estimated average | burden | |
| nours per response | e | 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 OF SECURITIES

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

| (Print or Ty | pe Response | s) | | | | | | | | | | | | | |
|---|---|---------------------------------------|--|--|---|---------------------|---|--|--|--|---|---|--|---|-------------|
| 1. Name and Address of Reporting Person* KENNEDY DAVID N | | | | 2. Issuer Name and Ticker or Trading Symbol CALIFORNIA WATER SERVICE GROUP [cwt] | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) _X_ Director 10% Owner Officer (give title below) Other (specify below) | | | | | | |
| (Last) (First) (Middle) C/O CALIFORNIA WATER SERVICE GROUP, 1720 NORTH FIRST STREET | | | | 3. Date of Earliest Transaction (Month/Day/Year) 01/04/2006 | | | | | | | | | | | |
| | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) 01/12/2006 | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person | | | | | | |
| (City) |) | (State) | (Zip) | Т | able I | - Nor | ı-Der | ivative S | Securitie | s Acqı | tired, Disposed of, or Beneficially Owned | | | | |
| 1.Title of S (Instr. 3) | ecurity | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, i any (Month/Day/Year | f Code (Inst | e | ction | (A) or l | rities Acc Disposed 3, 4 and 5 (A) or tt (D) | of (D) | Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| California Group | a Water Se | ervice | 01/04/2006 | | | A | V | 610 | A | \$ 38.5 | 2.410 | | | D | |
| Tellimaet. | eceport on a s | eparate file fe | | Derivative Securi | ties Ac | quire | Pers cont the f | ons what in the constant of th | no responding this for splays a | orm ar curre | e not requently valid | | ormation spond unle rol numbe | ss | 1474 (9-02) |
| | _ | | | e.g., puts, calls, w | | s, op | | | | | | | | | 1 |
| Security | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/ | Execution Da Year) any | 4. te, if Transaction Code Year) (Instr. 8) | 5. Numb of Deriva Securi Acqui (A) or Dispo of (D) (Instr. 4, and | ative ities red sed | and Expiration Date (Month/Day/Year) Ar Un Se (Ir 4) | | Am Und Sec (Ins | Citle and count of derlying urities str. 3 and | | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4) | Owners Form of Derivat Security Direct (or Indir | Beneficial Ownershi (Instr. 4) | |
| | | | | Code V | (A) | (D) | Date Exer | cisable | Expiration Date | Titl | Amount or e Number of Shares | | | | |

Reporting Owners

| | Relationships | | | |
|--|---------------|--------------|---------|-------|
| Reporting Owner Name / Address | | 10% Owner | Officer | Other |
| KENNEDY DAVID N C/O CALIFORNIA WATER SERVICE GROUP 1720 NORTH FIRST STREET SAN JOSE, CA 95112 | X | | | |

Signatures

| Dan L. Stockton for David N. Kennedy | 03/03/2006 |
|--------------------------------------|------------|
| **Signature of Reporting Person | Date |

Explanation of Responses:

- * 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.

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