FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL						
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INITIAL STATEMENT OF 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

Name and Address of Reporting Person * Healey David B	2. Date of Event Requiring Statement (Month/Day/Year) 07/25/2012 3. Issuer Name and Ticker or Trading Symbol CALIFORNIA WATER SERVICE GROUP [CW							
(Last) (First) (Middle) C/O CALIFORNIA WATER SERVICE COMPANY 1720 NORTH FIRST STREET (Street) SAN JOSE CA 95112 (City) (State) (Zip)		4. Relationship of Reporting Person((Check all applicable) Director X Officer (give title below) Corporate Con	10% Owner Other (specify below)	(Mon	hth/Day/Year) dividual or Joint/ icable Line) Form filed by	te of Original Filed Group Filing (Check y One Reporting Person y More than One Reporting		
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)		2. Amount of Securities Beneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)								
1. Title of Derivative Security (Instr. 4)	2. Date Exercisable Expiration Date (Month/Day/Year) Date Expiration Exercisable Date	Derivative Security (Instr. 4)	Amount Con Or E Pric	version exercise e of	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)		

Explanation of Responses:

No securities are beneficially owned.

Lynne McGhee

07/27/2012

** 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 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.