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

Doon Shannon C		Pate of Event Retement (Month/I	_'' \	3. Issuer Name <b>and</b> Ticker or Trading Symbol  CALIFORNIA WATER SERVICE GROUP [ CWT ]							
(Last) 1720 NORTH (Street) SAN JOSE (City)	(First) FIRST STREET CA (State)	95112 (Zip)				onship of Reporting Person(s all applicable) Director Officer (give title below) VP, Corp Commun	10% Owner Other (specify below)		(Month/Day/Year)  6. Individual or Joint/Applicable Line)  X Form filed by	Individual or Joint/Group Filing (Check pplicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting	
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					t of Securities Ily Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Common Stock						531	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable a Expiration Date (Month/Day/Year)			ate	d 3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)  4. Conver or Exer		cise (D) or	6. Nature of Indirect Beneficial Ownership (Instr. 5)				
		Date Exercisable	Expiration Date	Title		Amount or Number of Shares	Derivati Security	ve (Instr. 5)			

Explanation of Responses:

Michelle Mortensen

01/05/2015

\*\* Signature of Reporting Person

Date

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

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).