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 | | | | | | |

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

| Name and Address of Reporting Person* CARROLL MARY | | | | | | 2. Issuer Name and Ticker or Trading Symbol AQUA AMERICA INC [WTR] | | | | | | | | | all app | onship of Reporting F Il applicable) Director | | on(s) to | |
|--|--|----------|-----------------|-------------------------------------|------------|--|---|---|---|--------|--|------|---|---|----------------------------|---|--|--|--|
| I | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/01/2007 | | | | | | | | | Officer (give title below) | | | Other (specify below) | |
| (Street) | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applica Line) X Form filed by One Reporting Person | | | | | |
| BRYN M | BRYN MAWR PA 19010 | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | oorting |
| (City) | (S | tate) (Ž | Zip) | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/ | | | | | /Year) | Execution Dat | | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (ADisposed Of (D) (Instr. 35) | | | , 4 and Secu | | icially d | 6. Own Form: I (D) or Indirect (Instr. 4 | Direct t (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | Code | v | Amount | (A) or (D) | | • | Repo Trans | | (mau. | - , | (111341. 4) | |
| Restricted 06/01/2 | | | | | 06/01/2007 | | A | | 1,500 | ,500 A | | .875 | 1,500 | | Г |) | | | |
| | 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 | | Execu if any | execution Date, any Month/Day/Year) | | ransaction code (Instr.) | | mber ative rities ired osed . 3, 4 | Expiration D (Month/Day/\) | | te Amount of Securities Underlying Derivative Security (I 3 and 4) Expiration | | nt of ties lying tive ty (Instr. 4) Amount or Number | Secu (Inst | vative urity | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owr For Dire or I (I) (I 4) | nership m: ect (D) ndirect nstr. | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

Roy Stahl - Power of Attorney 06/04/2007

** 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.

 $^{^{\}star}$ 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).