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

| 1. Name and Address of Reporting Person [*] Franklin Chris | | | | | | 2. Issuer Name and Ticker or Trading Symbol AQUA AMERICA INC [WTR] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | |
|--|---|--|--------|----------------------------------|--|---|---------------------------|------|---|---|---|---------------------------|------------------|--|--|--|-------------------|--|-------------------------|--|
| (Last) (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/26/2009 | | | | | | | | X | Office | r (give title | | Other (below) | specify | | |
| 762 W LANCASTER AVE. | | | | | | | | | | | | | | | Aqu | Aqua America Southern Oper | | | | |
| (Street) | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) 03/02/2009 | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| BRYN MAWR PA 19010 | | | | | | | | | | | | | | | X Form filed by One Reporting Person | | | | on | |
| (City) (State) (Zip) | | | | | - | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| | | Tab | le - | Non-Deriv | vative | Sec | urities | s Ac | auired. | Dis | posed | of. or l | Benef | iciall [®] | v Owne | d | | | | |
| 1. Title of Security (Instr. 3) 2. 1 Dat | | | | 2. Transac Date (Month/Da | tion | 2A. Exec if an | . Deemed ecution Date, | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (Disposed Of (D) (Instr. 3 and 5) | | (A) or | 5. Amo Securit Benefic Owned | unt of ies cially | Forr (D) d Indi | rect (I) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | Code | v | Amount | | | (A (D |) or P | Price | | | (Insi | tr. 4) | (instr. 4) | | | | |
| Common Stock 02/26/20 | | | | | | 09 | | | Α | | 5,000 | 5,000 ⁽¹⁾ A \$ | | \$19.12 | 2 13,9 | 13,991.19 | | D | | |
| Common Stock 401k | | | | | | | | | | | | | | 5,614.01 | | | D | | | |
| | | т | able I | I - Deriva (e.g., p | | | | | uired, D , option | | | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | ifany | emed ion Date, ı/Day/Year) | 4. Transac Code (I 8) | | n of | | Expiration | 6. Date Exercisabl Expiration Date (Month/Day/Year) | | Amount of | | | B. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership | |
| | | | | | Code | e V (A) | | (D) | Date Exercisab | | xpiration late | or Nu of | | ount nber res | | | | | | |
| Stock Options (Right to Buy) | \$19.12 | 02/26/2009 | | | A | | 12,500 | | 02/26/201 | 0 0 | 2/26/2019 | Commo Stock | ⁿ 12, | 500 | \$19.12 | 12,500 | | D | | |

Explanation of Responses:

1. Grant of 5,000 shares of restricted stock, which vest 100% on third anniversary of grant date, subject to meeting performance criteria.

Remarks:

This Amended Form 4 is being filed to correct an error contained in the original Form 4 filed on March 2, 2009 (the "Original Form 4"). The Original Form 4 inadvertently neglected to report the total amount of securities beneficially owned following the reported transaction in Table I, Column 5.

<u>/s/ Brian Dingerdissen,</u> attorney-in-fact for Mr. <u>Franklin</u>

03/13/2009

** 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 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.

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.