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 [*] MENARIO JOHN | | | | | | 2. Issuer Name and Ticker or Trading Symbol AQUA AMERICA INC [WTR] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
|--|--|---|------|-----------------------------------|--|---|---|------------------------|--|--------|--------------------|--|-----------------|----------------------|--|----------------|---|--|--|--|
| (Last) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/01/2004 | | | | | | | | | х | | er (give title | C | 10% Owner Other (speci below) | | |
| 762 W LANCASTER AVE. | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | |
| (Street) BRYN MAWR PA 19010 | | | | | | | | | | | | | | | X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (Si | ate) (2 | Zip) | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| ···································· | | | | 2. Transact Date (Month/Day | | /ear) Execu | | ed Date, y/Year) | Transaction D | | | 4. Securities Acquired (Disposed Of (D) (Instr. 3 and 5) | | | , 4 Secur Benef Owne | | icially d | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | Code | v | Amount | | A) or D) | Price | | Following Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | | | |
| Common Stock 06/0 | | | | | 004 | | | | A ⁽¹⁾ | | 1,093 | ; | Α | \$19 | \$19.93 | | 13,221 | | | |
| COMMON STOCK - IRA | | | | | | | | | | | | | | | | | 320 | | | |
| COMMON STOCK - IRA | | | | | | | | | | | | | | | | 96 | | Ι | | SPOUSE |
| | 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 | aversion Exercise e of ivative | | | 4. Transaction Code (Instr. 8) | | 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4) | | ıstr. | | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Owner Form: Direct or Ind (I) (Ins 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nui of | ount mber ares | | | | | | |

Explanation of Responses:

1. Grant of Restricted Stock under the 2004 Equity Compensation Plan.

Roy Stahl, Attorney-in-fact

06/03/2004

** 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.