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* SMELTZER DAVID | | | | | | | 2. Issuer Name and Ticker or Trading Symbol AQUA AMERICA INC [WTR] | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | |
|---|---|------------------------------|---------------|---|------------------------------|---|--|-------|---|-------|--------------------|---|--------------------------------------|--|--|---|--|--|--|--|
| (Last) 762 W L | ` | (First) (Middle) CASTER AVE. | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/01/2013 | | | | | | | | X | Officer (give title below) | | | (specify | | |
| (Street) BRYN MAWR PA 19010 | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) Y Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (State) (Zip) | | | | | | | | | | | | | | | | | | | |
| Table I - Non-Derive 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y | | | | | on Year) | 2A. Deemed Execution Date, | | | 3. 4. Secur | | | of, or E | or 5. Amount of | | nount of rities ficially | 6. Ownership Form: Direct (D) or Indirect (I) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Repo Trans | | (Instr. 4) | (Instr. 4) | | |
| Common Stock | | | | 08/01/2013 | | | | | М | | 5,532 | 2 A | \$16. | \$16.1475 | | 3,667.93 | D | | | |
| Common Stock | | | | 08/01/2013 | | | | D | | 5,532 | 2 D | \$34 | \$34.03 63 | | ,135.93 | D | | | | |
| Common Stock | | | | 08/01/20 |)13 | | | M | | 2,468 | B A | \$18. | \$18.3338 6 | | ,603.93 | D | | | | |
| Common Stock 08/01/2 | | | | |)13 | 13 | | D | | 2,468 | B D | \$34 | \$34.03 63 | | ,135.93 | D | | | | |
| Common | Stock 40 | | | | | | | | | | | | | | | 344.19(1) | D | | | |
| | | Та | able | II - Deriva (e.g., p | | | | | | | osed of convert | | | | wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | e (Month/Day/Year) | Exec if an | Deemed ution Date, y tth/Day/Year) | 4. Transa Code (8) | | 5. ction Number | | 6. Date Exerci Expiration Dat (Month/Day/Ye | | te | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | 9. Number of derivative securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | de V | (A) | (D) | Date Exercisal | | Expiration Date | Title | Amoun or Numbe of Shares | er | | | | | | |
| Stock Options (Right to Buy) | \$16.1475 | 08/01/2013 | | | М | | | 5,532 | 03/01/200 |)5 | 03/01/2014 | Common Stock | 5,532 | 2 | \$0 | 0 | D | | | |
| Stock Options (Right to Buy) | \$18.3338 | 08/01/2013 | | | М | | | 2,468 | 02/28/200 | 06 | 02/28/2015 | Common Stock | 2,468 | 3 | \$0 | 12,077 | D | | | |

Explanation of Responses:

1. Includes 24.55 additional shares acquired under the Company's 401k plan since the last filing.

/s/ Brian Dingerdissen, attorney-in-fact for Mr.

08/05/2013

<u>Smeltzer</u>

** 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.

^{*} 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).