1. Name and Address of Reporting Person*
   Ellsworth Joanne
   (Last) (First) (Middle)
   C/O GLOBAL WATER RESOURCES, INC.
   21410 NORTH 19TH AVENUE, SUITE 220
   (Street)
   PHOENIX AZ 85027
   (City) (State) (Zip)

2. Date of Event Requiring Statement
   (Month/Day/Year) 06/08/2017

3. Issuer Name and Ticker or Trading Symbol
   Global Water Resources, Inc. [ GWRS ]

4. Relationship of Reporting Person(s) to Issuer
   (Check all applicable)
   Director
   10% Owner
   X Officer (give title below)
   Vice President

5. If Amendment, Date of Original Filed (Month/Day/Year)

6. Individual or Joint/Group Filing
   (Check Applicable Line)
   X Form filed by One Reporting Person
   X Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned
1. Title of Security (Instr. 4)
2. Amount of Securities Beneficially Owned (Instr. 4)
3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)
4. Nature of Indirect Beneficial Ownership (Instr. 5)

Table II - Derivative Securities Beneficially Owned
(e.g., puts, calls, warrants, options, convertible securities)
1. Title of Derivative Security (Instr. 4)
2. Date Exercisable and Expiration Date
   (Month/Day/Year)
3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)
4. Conversion or Exercise Price of Derivative Security
5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)
6. Nature of Indirect Beneficial Ownership (Instr. 5)

Stock Appreciation Right
   (i) 02/11/2025 Common Stock 50,000 4.26 D

Explanation of Responses:
1. The reporting person was originally granted 50,000 shares of stock appreciation rights on February 11, 2015. The stock appreciation rights vest by calendar year over four calendar years, 25% per year, beginning January 1, 2015.

Remarks:
/S/ Jeff Risenmay, attorney-in-fact 06/13/2017
** Signature of Reporting Person

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 5 (b)(v).

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.