FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

SSION OMB APPROVAL

OMB Number: 3235-0104 Estimated average burden hours per response: 0.5

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	ddress of Reportin	F	2. Date of Event Requiring Stater Month/Day/Yea	ment	3. Issuer Name and Ticker or Trading Symbol AQUA AMERICA INC [WTR]						
(Last) (First) (Middle)			04/01/2004		Relationship of Reporting Per (Check all applicable)		. ,		5. If Amendment, Date of Original Filed (Month/Day/Year)		
762 W LAN (Street) BRYN MAWR	YN PA 19010				Director X Officer (give title below) Chief Accounting		10% Owner Other (specify below) g Officer		6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(State)	(Zip)									
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)						nt of Securities ally Owned (Instr. 4)	1		4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock						17,034	D				
COMMON STOCK 401K						5,222	D				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
·· · · · · · · ·			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Secur Underlying Derivative Secur 4)		rity (Instr. Conve			5. Ownership Form:	(Instr. 5)
			Date Exercisable	Expiration Date	Title	,	Amount or Number of Shares	Exerc Price Deriva Secur	of ative	Direct (D) or Indirect (I) (Instr. 5)	

Explanation of Responses:

Barbara Cummings

04/01/2004

** 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 5 (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).