INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

Expires:

response...

Estimated average burden hours per

2005

0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person <u>*</u> Houghton Michael			2. Date of Event Re Statement (Month/Day/Year)	1 0 5. 155001 Hum	3. Issuer Name and Ticker or Trading Symbol ARTESIAN RESOURCES CORP [ARTNA]				
(Last)	(First)	(Middle)	09/23/2018		4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)		
212 CLOVER	R DRIVE								
(Street)			(Check	(Check all applicable)		6. Individual or Joint/Group			
HOCKESSIN	, DE 1	9707		X Director Officer (give title below	<pre> 10% C Other /) (specify below</pre>	X_{W} [Formation X_{W}] X_{W}	Check Applicable Line) m filed by One Reporting n filed by More than One g Person		
(City)	(State)	(Zip)	Tab	le I - Non-Derivat	ive Securitie	s Beneficial	eneficially Owned		
1.Title of Securit (Instr. 4)	у			nount of Securities ficially Owned r. 4)	Ownership	4. Nature of In Ownership (Instr. 5)	direct Beneficial		
Reminder: Repor owned directly or		te line for ea	ch class of securities	beneficially SI	EC 1473 (7-02)				
Ta	informa require current	ation conta ed to respo tly valid OM	oond to the collect nined in this form a nd unless the form AB control numbe tities Beneficially Ov	are not n displays a	warrants, opti	ons, convertib	le securities)		
1. Title of Deriva (Instr. 4)	ative Security	Expir	ration Date Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversio or Exercis Price of	- · · · · r	(Instr. 5)		

Date

Exercisable

Expiration

Title

Date

Derivative

Security

Amount or

Number of

Shares

Security:

Direct (D)

or Indirect

(Instr. 5)

(I)

Reporting Owners

Reporting Owner Name / Address		Relationships					
1 0	Director	10% Owner	Officer	Other			
Houghton Michael 212 CLOVER DRIVE HOCKESSIN, DE 19707	ÂX	Â	Â	Â			
Signatures							
Michael 10. Houghton	/02/2018						
<u>**</u> Signature of Reporting Person	Date						

Explanation of Responses:

No securities are beneficially owned

* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.