FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL
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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 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

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Name and Address of Reporting Person – SIMON GARY D			Symbol				Issuer (Check all applicable)						
(Last) (First) (Middle) 21211 NORDHOFF STREET			3. Date of Earliest Transaction (Month/Day/Year) 03/03/2008					Officer (give titleOther (specify below)					
(Street) CHATSWORTH, CA 91311			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person					
State) (Zip)	Table I - I	Non-Deri	ivati	ive Secur	ities .	Acquire	d, Disposed	of, or I	Beneficia	lly Owne	ı		
2. Transaction Date (Month/Day/Year)	Execution Date, if any	Code (Instr. 8))	Acquired Disposed (Instr. 3,	l (A) l of (4 and (A) or	or S D) B d 5) F	ecurities Beneficially Or Following Rep Fransaction(s)	orted	Form: Direct (or Indir (I)	chip of Ind Benef D) Owne ect (Instr.	lirect icial ership		
03/03/2008		A		610	A	\$ 4	,976		D				
Table II - D	erivative Securities	s Acquire	req	quired to rrently v	res alid	pond ui OMB c	nless the fo ontrol numb	rm dis er.			9-02)		
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Date (Month/Day/Year	Execution Date, i	recution Date, if Transac Code		n Number		and Expiration Date (Month/Day/Year)		Amount of Underlying Securities (Instr. 3 and 4)				Ownership Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					I	Date	Expiration	c	Amount or Number				
	CA 91311 State) (Zip) 2. Transaction Date (Month/Day/Year) 03/03/2008 a separate line for each of the control of the contro	2. Issuer Nati Symbol CAPSTON! First) (Middle) 3. Date of Ear (Month/Day/Y 03/03/2008 Street) 4. If Amendm Filed(Month/Da) CA 91311 State) (Zip) Table I - P. 2. Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 3. Transaction Date, if any (Month/Day/Year) Table II - Derivative Securities (e.g., puts, calls, war on Date (Month/Day/Year) 3. Transaction Date (E.g., puts, calls, war on Date (Month/Day/Year) 3. Transaction Date (Month/Day/Year)	2. Issuer Name and Taymbol CAPSTONE TURI Symbol CAPSTONE TURI (Month/Day/Year) 3. Date of Earliest Transaction Date (Month/Day/Year) 2. Transaction Date (Month/Day/Year) 2. Table II - Derivative Securities beneficion Date (e.g., puts, calls, warrants, of the Month/Day/Year) 3. Transaction Date (e.g., puts, calls, warrants, of the Month/Day/Year) 3. 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If Amendment, Date Original Filed(Month/Day/Year) (03/03/2008 5. Relationship of Reporting Person (Check all applicable Line) (Check all applicable Li	Sof Reporting Person 2 Symbol CAPSTONE TURBINE CORP [cpst] 3. Date of Earliest Transaction (Month/Day/Year) 03/03/2008 4. If Amendment, Date Original Filed(Month/Day/Year) 2. Table I - Non-Derivative Securities Date (Month/Day/Year) (Month/Day/Year) 3. Date of Earliest Transaction (Month/Day/Year) 2. Transaction (Month/Day/Year) 3. Date of Earliest Transaction (Month/Day/Year) 4. If Amendment, Date Original Filed(Month/Day/Year) 4. If Amendment, Date Original Filed(Month/Day/Year) 4. If Amendment, Date Original Filed(Month/Day/Year) 4. Securities Acquired, Disposed of, or Beneficially Owned (Month/Day/Year) 4. Securities Acquired (A) or Code (Instr. 3, 4 and 5) (Instr. 3, 4 and 5) (Instr. 3, 3 and 4) (Instr. 5) (Inst	Solution Caps Symbol Caps Turns Symbol Caps Caps	2. 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Donouting Oromon Nomes / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
SIMON GARY D 21211 NORDHOFF STREET	X					
CHATSWORTH, CA 91311						

Signatures

Elizabeth M. Reynolds, Power of Attorney for Gary Simon, Reporting Person	03/05/2008
Signature of Reporting Person	Date

Explanation of Responses:

- * 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.

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.