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

OMB APPROVAL OMB 3235-Number: 0287 Estimated average

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**

burden hours per response...

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

(Print or Ty	pe Respons	ses)														
Name and Address of Reporting Person Mayo Gary				2. Issuer Name and Ticker or Trading Symbol CAPSTONE TURBINE CORP [cpst]					I	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) (First) (Middle) 21211 NORDHOFF STREET				3. Date of Earliest Transaction (Month/Day/Year) 12/01/2009					<u>b</u>	Officer (give	title		ther (specify	below)		
(Street) CHATSWORTH, CA 91311				4. If Amendment, Date Original Filed(Month/Day/Year)					A	6. Individual or Joint/Group Filing(Check Applicable Line)X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person						
(City)	(Si	ate) (Zip)	Т	able I - N	on-Deri	ivati	ive Secur	ities	Acquir	red, Disposed	of, or l	Benefici	ally Owne	d		
1.Title of So (Instr. 3)	Date (Month/Day/Year) any		any	cution Date, if		Code V		ities d (A) d of (4 and (A) or (D)	or D)	•	curities neficially Owned llowing Reported insaction(s)		7. Na of Inc Benef Owner (Instr	lirect ficial ership		
Common	Stock	12/01/2009			A		1,136	A	\$ 1.32	25,391		D				
			erivative S		_	cu ed, l	rrently v	of, o	OMB (unless the fo	er.	splays	a			
(Instr. 3)	*	3. Transaction Date		med on Date, if	4.		on Number and		. Date l	Exercisable iration Date (Day/Year)	Amount of Underlying		8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownershij (Instr. 4)
					Code	v	(A)	E	Date Exercisa	Expiration ble Date	Title I	Amount or Number of Shares				
Repor	ting (Owners														

Donouting Own on Name / Adduses	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Mayo Gary							
21211 NORDHOFF STREET	X						
CHATSWORTH, CA 91311							

Signatures

Clarice Hovsepian, Power of Attorney for Gary Mayo, Reporting Person	12/03/2009
-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.