### FORM 4

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

OMB APPROVAL
OMB 3235Number: 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

Estimated average burden hours per response... 0.5

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

| (Print or Ty   | pe Respon            | ses)                                       |             |  |   |                     |  |                        |  |   |                          |  |                 |  |  |  |
|--|----------------------|--|-------------|--|---|---------------------|--|------------------------|--|---|--------------------------|--|-----------------|--|--|--|
| 1. Name and Address of Reporting Person *-<br>SIMON GARY D |                      |  |             | 2. Issuer Name and Ticker or Trading<br>Symbol<br>CAPSTONE TURBINE Corp [cpst] |   |                     |  |                        | Is<br>st1  | 5. Relationship of Reporting Person(s) to<br>Issuer (Check all applicable) X Director 10% Owner   |                          |  |                 |  |  |  |
| (Last) (First) (Middle) 21211 NORDHOFF STREET              |                      |  |             | 3. Date of Earliest Transaction<br>(Month/Day/Year)<br>12/02/2013              |   |                     |  |                        |  | Officer (give   | title                    |  | ther (specify b | elow)  |  |  |
| (Street) CHATSWORTH, CA 91311                              |                      |  |             | 4. If Amendment, Date Original Filed(Month/Day/Year)                           |   |                     |  |                        | Aj   | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>_X_ Form filed by One Reporting Person<br>Form filed by More than One Reporting Person |                          |  |                 |  |  |  |
| (City)   | (City) (State) (Zip) |  |             | Table I - Non-Derivative Securities Acqu                                       |   |                     |  |                        | Acquire  | ired, Disposed of, or Beneficially Owned  |                          |  |                 | ı  |  |  |
| 1.Title of Security (Instr. 3)                             |                      | 2. Transaction<br>Date<br>(Month/Day/Year) | Exec<br>any | Deemed cution Date, if nth/Day/Year)   | 3.<br>Transaction<br>Code<br>(Instr. 8) |                     | 4. Securities Acquired (A Disposed of (Instr. 3, 4) (A C Amount (I |                        | or (D) I (D) | 5. Amount of<br>Securities<br>Beneficially O<br>Following Rep<br>Fransaction(s)<br>Instr. 3 and 4   | wned liborted liborted   | 6. Owner Form: Direct or India (I) (Instr.       | rect (Instr.    | irect<br>icial<br>rship  |  |  |
| Common   | Stock                | 12/02/2013                                 |             |  | A                                       |                     | 1,939  | A                      | \$   | 110,782   |                          | D  |                 |  |  |  |
| directly or  | manecuy.             | Table II - D                               | eriva       | ntive Securities   | s Acquir                                | info<br>rec<br>cui  | ormatio<br>quired to<br>rrently                                    | n co<br>o res<br>valid | ntained<br>spond u<br>OMB c  | I to the colle<br>I in this form<br>nless the fo<br>ontrol numb<br>icially Owned  | n are i<br>rm di<br>per. | not  | `               | 1474<br>9-02)  |  |  |
|  |                      | 1  | 7.          | uts, calls, war  |   | ptior               |  |                        |  |   | ı                        |  | T               | 1  |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)        |                      | (Month/Day/Year                            | Ex<br>any   | a. Deemed<br>ecution Date, i<br>y<br>Jonth/Day/Yea                             | Code                                    | Transaction<br>Code |  | Number a               |  | xercisable<br>ration Date<br>Day/Year)  | Amor<br>Unde<br>Secur    | le and<br>unt of<br>crlying<br>rities<br>: 3 and |                 | 9. Number of<br>Derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) | 10.<br>Ownership<br>Form of<br>Derivative<br>Security:<br>Direct (D)<br>or Indirect<br>(I)<br>(Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |
|  |                      |  |             |  | Code                                    | · V                 | (A) (  | ]                      | Date<br>Exercisal  | Expiration Date   | Title                    | Amount<br>or<br>Number<br>of<br>Shares           |                 |  |  |  |
| Repor  | rting (              | Owners                                     |             | Dalatianah   |   |                     |  |                        |  |   |                          |  |                 |  |  |  |

| Donouting Own on Name / Adduses                               | Relationships |           |         |       |  |  |  |
|---|---------------|-----------|---------|-------|--|--|--|
| Reporting Owner Name / Address                                | Director      | 10% Owner | Officer | Other |  |  |  |
| SIMON GARY D<br>21211 NORDHOFF STREET<br>CHATSWORTH, CA 91311 | X             |           |         |       |  |  |  |

#### **Signatures**

| Clarice Hovsepian, Power of Attorney for Gary Simon, Reporting Person | 12/04/2013 |
|---|------------|
| **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.