FORM 4

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

OMB APPROVAL
OMB 3235Number: 0287
Estimated average
burden hours per

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

response... of 1934 or

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 | una Daenon | | ectio | on 50(n) or th | ie mves | ше | nt Com | рапу | ACT OF | 1940 | | | | | | |
|--|---|--|-------------|--|---------|--------------------|---|----------------------|--|---|---------------------------|--|--------------------------------------|--|--|--|
| (Print or Type Responses) 1. Name and Address of Reporting Person * PROTSCH ELIOT G | | | | 2. Issuer Name and Ticker or Trading Symbol CAPSTONE TURBINE Corp [cpst] | | | | | Is t] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Officer (give title Other (specify below) below) | | | | | | |
| (Last) (First) (Middle) 21211 NORDHOFF STREET | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/01/2012 | | | | | | | | | | elow) | | |
| (Street) CHATSWORTH, CA 91311 | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | Ap | 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) | (S | tate) (Zip) | | Table I - N | Non-Der | ivati | ve Secur | ities | Acquire | d, Disposed | of, or | Benefici | ally Owned | l | | |
| 1.Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | Exec any | nth/Day/Year) Code (Instr. 8) | | tion) | 4. Securities Acquired (A Disposed of (Instr. 3, 4 a (A O) Amount (D | | or (D) H (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | 6. Owner Form: Direct or Indi (I) (Instr. | rect (Instr. | irect cial rship | | |
| Common | Stock | 03/01/2012 | | | A | | 1,380 | A | \$ 1.14 | .53,558 | | D | | | | |
| directly or | indirectly. | | | ntive Securities uts, calls, war | | info req cur | ormatio juired to rently v | n co res /alid | ntained spond un OMB c | | n are i rm di: per. | not | | 1474 9-02) | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversio or Exercis Price of Derivative Security | (Month/Day/Year | Exe any | a. Deemed ecution Date, if y Ionth/Day/Year | Code | | Number and | | 6. Date E and Expir | ate Exercisable Expiration Date hth/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | Derivative Security (Instr. 5) | 9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | Ownership Form of Derivative Security: Direct (D) or Indirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | · V | (A) (A | I | Date Exercisab | Expiration Date | Title | Amount or Number of Shares | | | | |
| Repo | rting (| Owners | | | | | | | | | | | | | | |
| | | | | Dolotionch | inc | | | | | | | | | | | |

| Donouting Own or Nome / Address | Relationships | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|
| Reporting Owner Name / Address | Director | 10% Owner | Officer | Other | | | |
| PROTSCH ELIOT G 21211 NORDHOFF STREET | X | | | | | | |
| CHATSWORTH, CA 91311 | | | | | | | |

Signatures

| Clarice Hovsepian, Power of Attorney for Eliot Protsch, Reporting Person | 03/05/2012 |
|--|------------|
| -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.