# FORM 5

subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C. 20549

ANNUAL	STATEMENT	OF CHA	NGES IN	BENEFICIAL
	OWNERSH	IP OF SE	CURITH	ES

I	OMB APPROVAL						
	OMB 3	3235-					
	Number: 0362						
	Estimated average						
	burden hours per						
	response	1.0					

Form 3 Holdings Reported
Form 4 Transactions
Reported

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

1. Name and Address Crouse James D	of Reporting Persor	•	2. Issuer Name and Ticker or Trading Symbol CAPSTONE TURBINE Corp [cpst]				5. Relationship of Reporting Person(s) to issuer  (Check all applicable)			
(Last) (Fi	rst) (Middle) F STREET		3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 03/31/2014				(Check all applicable)  Director 10% Owner  X Officer (give title Other (specify below)  EVP Sales & Marketing			
(St		4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Reporting (check applicable line)			
CHATSWORTH,		_X_ Form Filed by One Reporting Person Form Filed by More than One Reporting Person						g Person		
(City) (State) (Zip)		Table I - N	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned							
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Code	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)  (A) or Amount (D) Pric		))	5. Amount of Securities Beneficially Owned at end of Issuer's Fiscal Year (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	11/18/2013		G <u>(1)</u>	20,000	D	\$0	20,000	I	By Children	
Common Stock	11/18/2013		G <sup>(2)</sup>	90,320	D	\$0	158,134 (3)	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 2270 (9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2	3. Transaction	3A. Deemed	4	5		6. Date Exer	cisable	7 Tit	le and	8 Price of	9. Number	10	11. Nature	
	Conversion		Execution Date, if	Transaction	Numb		and Expirati				Derivative		Ownership		
Security	or Exercise	(Month/Day/Year)			of		(Month/Day				Security			Beneficial	
(Instr. 3)	Price of	` '	(Month/Day/Year)	(Instr. 8)	Deriva	ative	`		Secu		(Instr. 5)	Securities	Derivative	Ownership	
	Derivative				Secur	ities			(Inst	: 3 and		Beneficially	Security:	(Instr. 4)	
	Security				Acqui	red			4)			Owned at	Direct (D)		
					(A) or	•						End of	or Indirect		
					Dispo	sed						Issuer's	(I)		
					of (D)	)						Fiscal Year	(Instr. 4)		
					(Instr.	3,						(Instr. 4)			
					4, and	(5)									
										Amount					
							Data	Emminotion		or					
							Date Exercisable	Expiration Date	Title	Number					
							Exercisable	Date		of					
					(A)	(D)				Shares					

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
		10% Owner	Officer	Other		
Crouse James D						
21211 NORDHOFF STREET			EVP Sales & Marketing			
CHATSWORTH, CA 91311						

### **Signatures**

James Crouse, Reporting Person	05/15/2014
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).
- (1) To reflect shares transferred to Mr. Crouse's two youngest children. Mr. Crouse disclaims beneficial ownership of these shares.
- (2) To reflect shares transferred to Mr. Crouse's eldest daughter.
- (3) The total number of shares held has been adjusted to delete shares inadvertently included in previous reports.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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.