FORM 4	4
--------	---

1	Check this box if no	
	longer subject to	
	Section 16. Form 4 or	
	Form 5 obligations	
	may continue. See	
	Instruction 1(b).	1

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

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL OMB 3235-Number: 0287 Estimated average burden hours per 0.5 response...

(9-02)

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 Type Respor	ises)							;				
1. Name and Address Mayo Gary	2. Issuer Nat Symbol CAPSTON				C		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify below) below)					
(Last) (I 21211 NORDHOI		3. Date of Ear (Month/Day/ 08/28/2014	Year)	isact	ion							
CHATSWORTH,		4. If Amendm Filed(Month/Da		e Ori	ginal		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	State) (Zip)		Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									
1.Title of Security (Instr. 3)		Exec any	Deemed ution Date, if nth/Day/Year)	Code	T T T T T T T				5. Amount of Securities Beneficially Owned Following Reported	7. Nature of Indirect Beneficial Ownership		
				Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	or Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock	08/28/2014			А		27,777	А	\$0	94,425	D		
Common Stock	08/29/2014			F		8,596 <u>(1)</u>	D	\$ 1.25	85,829	D		

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

SEC 1474 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.

#### 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.	1	5.		6. Date Exer	cisable	7. Tit	tle and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transactio	on 1	Numl	ber	and Expirati	on Date	Amo	unt of	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		of		(Month/Day	/Year)	Unde	erlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	]	Deriv	ative	re		Securities		(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Secur				(Inst	r. 3 and		Owned	Security:	(Instr. 4)
	Security					Acqu	ired			4)			Following	Direct (D)	
						(A) o							Reported	or Indirect	
						Dispo							Transaction(s)	· /	
						of (D							(Instr. 4)	(Instr. 4)	
						(Instr	-								
					4	4, and	15)				1				
											Amount				
								Date	Expiration		or				
								Exercisable	*	Title	Number				
								Excicisable	Date		of				
				Code	V	(A)	(D)				Shares				

# **Reporting Owners**

Demonting Owner Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Mayo Gary 21211 NORDHOFF STREET CHATSWORTH, CA 91311	Х							

### **Signatures**

Clarice Hovsepian, Power of Attorney for Gary J. Mayo, Reporting Person	09/02/2014
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) The shares were withheld pursuant to the prior authorization of the Reporting Person to cover the tax liability resulting from the vesting of restricted stock units.

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.