# FORM 4

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

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average burden							
hours per respor	nse 0.5						

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

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 Response	es)																		
1. Name and Address of Reporting Person * Crouse James D				2. Issuer Name and Ticker or Trading Symbol CAPSTONE TURBINE Corp [cpst]									:	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last 16640 ST	AGG STR	(First) SEET	(N	Middle)		ate of Ear 14/2018	lies	t Trans	action	n (M	onth/Da	y/Ye	ear)		X Officer (give title below) Other (specify below)  EVP Sales & Marketing					
VAN NI	(Street) AN NUYS, CA 91406				4. If Amendment, Date Original Filed(Month/Day/Year)										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		(State)		(Zip)			T. 1		<b>.</b> ,				•.•		1.01			0 1		
		()					Tal									osed of, or I		Owned		
1.Title of S (Instr. 3)	Security		2. Tran Date (Month	/Day/Year)	Exec any	Deemed ution Dat nth/Day/Y		Code (Instr		tion	4. Secur (A) or I (Instr. 3	Dispo	osed of		D) Beneficially Owned Following Reported Transaction(s) Owne		6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership		
								Co	de	v	Amour		A) or (D)	Price	(I)			(Instr. 4)		
Common	Stock		02/14/	2018				Α	1		150,00	00 A	<b>A</b>	\$ 0	284,229	)		D		
Common	Stock														1,000			I	By Children	
				Table II - D					t juired	he f l, Di	orm dis	spla	ys a c r Bene	curre eficial	ntly valid	uired to re d OMB cor			02)	
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transactio Date (Month/Day/	Year) H	3A. Deemed Execution Date, any (Month/Day/Yea	te, if	4. Transact Code	4. Transaction Code (Instr. 8)		mber	6. Date Exe		iration Date		7. Title and Amount of Underlying Securities (Instr. 3 and 4)			9. Number of Derivative Securities Beneficially Owned Following Reported Transactions (Instr. 4)	Ownersh Form of Derivativ Security: Direct (Dor Indirect)	Ownership (Instr. 4)	
						Code	V	(A)		Date Exe	e rcisable		iration e	Title	Amount or Number of Shares					
Repor	ting O	wners																		
Reporting	Owner Nar	ne / Address	Directo	or 10% Owi		elationsh Officer	ips				Other									
	ames D		Directi	10/0 0 WI		EVP Sa	les	& Ma	rketi	ng	Culci									

## **Signatures**

James Crouse, Reporting Person	02/16/2018
**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.