| FORM | 4 |
|-------------|---|
|-------------|---|

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

(Print or Type Pesponses)

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

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

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 Type Responses) | | | | | | | | | | | |
|---|---------------------------------|-------------|--|-------------|-----------|--|---|------------|--|------------------|-------------------------|
| 1. Name and Address of FLEXON ROBERT | 2. Issuer Name an CAPSTONE T | | | <i>.</i> . | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | |
| (Last) 16640 STAGG STR | (First) LEET | | 3. Date of Earliest Transaction (Month/Day/Year) 06/14/2019 | | | | | | Officer (give title below) | Other (specify b | elow) |
| VAN NUYS, CA 91 | 4. If Amendment, I | Date Origir | nal Fil | led(Month/I | Day/Year) | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person | | | | | |
| (City) | (State) | (Zip) | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | |
| 1.Title of Security (Instr. 3) | | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | (A) or D | (A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or | | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | | Beneficial Ownership |
| Common Stock | | 06/14/2019 | | Р | | 12,600 | А | \$ 0.80 | 98,334 | 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

SEC 1474 (9-02)

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) | | | | | | | | | | | | | | | |
|-----|--|-------------|------------------|--------------------|------------|-----|--------|-------|--------------|------------|--------|---------|------------|----------------|-------------|-------------|
| | Title of | | | | 4. | | 5. | | 6. Date Exer | | 7. Tit | | | 9. Number of | | 11. Nature |
| D | erivative | Conversion | Date | Execution Date, if | Transacti | ion | Numł | ber | and Expirati | on Date | Amo | unt of | Derivative | Derivative | Ownership | of Indirect |
| Se | ecurity | or Exercise | (Month/Day/Year) | any | Code | | of | | (Month/Day | /Year) | Unde | rlying | Security | Securities | Form of | Beneficial |
| (In | nstr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | | Deriv | ative | | | Secur | rities | (Instr. 5) | Beneficially | Derivative | Ownership |
| | | Derivative | | | | | Secur | ities | | | (Instr | . 3 and | | Owned | Security: | (Instr. 4) |
| | | Security | | | | | Acqu | ired | | | 4) | | | Following | Direct (D) | |
| | | | | | | | (A) o | r | | | | | | Reported | or Indirect | |
| | | | | | | | Dispo | | | | | | | Transaction(s) | | |
| | | | | | | | of (D) | | | | | | | (Instr. 4) | (Instr. 4) | |
| | | | | | | | (Instr | · · · | | | | | | | | |
| | | | | | | | 4, and | 15) | | | | | | | | |
| | | | | | | | | | | | | Amount | | | | |
| | | | | | | | | | D. (| т · .: | | or | | | | |
| | | | | | | | | | | Expiration | Title | Number | | | | |
| | | | | | | | | | Exercisable | Date | | of | | | | |
| | | | | | Code | V | (A) | (D) | | | | Shares | | | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|---|---------------|--------------|---------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| FLEXON ROBERT C 16640 STAGG STREET VAN NUYS, CA 91406 | Х | | | | | | | |

Signatures

Colby Peterson, Power of Attorney for Robert C Flexon 06/14/2019 Date **Signature of Reporting Person

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.