# FORM 3

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

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL		
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esponse	0.5	

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 Reporting Person * CAPSTONE TURBINE CORI	Statem (Mont	Statement (Month/Day/Year)  01/31/2008  4. Ro Perso		ing 3. Issuer Nan BEMIS CO	nbol			
(Last) (First) (Middle ONE NEENAH CENTER, 4TH FLOOR, P.O. BOX 669	)			Person(s) to I (Check	4. Relationship of Reporting Person(s) to Issuer (Check all applicable)X_ Director 10% Owner Officer (give title below) Other (specify below)		5. If Amendment, Date Original Filed(Month/Day/Year)	
(Street) NEENAH, WI 54957				Officer (g			fy 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)		Ta	ble I	- Non-Derivati	ve Securitie	s Beneficial	ly Owned	
1. Title of Security (Instr. 4)	2. Amount o Beneficially (Instr. 4)		nt of Securities Illy Owned	Ownership	ect (Instr. 5)			
required to re number.	respond to spond unl	o the colle ess the fo	ectior orm d	n of information isplays a curre	contained in htly valid OM	this form ar B control		
Table II - Derivative Se								
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable and Expiration Date (Month/Day/Year)		on Date	Secu	tle and Amount of rities Underlying vative Security r. 4)	4. Conversion or Exercise Price of	Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exercisable	Expiration Date	Title	Amount or Numb of Shares	Derivative Security	Security: Direct (D) or Indirect (I) (Instr. 5)		

#### **Reporting Owners**

Reporting Owner Name / Address	Relationships				
Reporting Owner Name / Mutress	Director	10% Owner	Officer	Other	
CAPSTONE TURBINE CORP ONE NEENAH CENTER, 4TH FLOOR P.O. BOX 669 NEENAH, WI 54957	X				

### **Signatures**

J J Seifert Power of Attorney	02/08/2008
**Signature of Reporting Person	Date

#### **Explanation of Responses:**

#### No securities are beneficially owned

- \* If the form is filed by more than one reporting person, see Instruction 5(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.