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

OMB APPROVAL OMB 3235-Number: 0287 Estimated average

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**

burden hours per response...

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 R	Response																
1. Name and Address of Reporting Person * SIMON GARY D			n *	2. Issuer Name and Ticker or Trading Symbol CAPSTONE TURBINE CORP [cpst]					I	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
(Last) (First) (Middle) 21211 NORDHOFF STREET				3. Date of Earliest Transaction (Month/Day/Year) 09/01/2009					<u>-</u>	Officer (give title Other (specify below)							
(Street) CHATSWORTH, CA 91311				4. If Amendment, Date Original Filed(Month/Day/Year)					A	6. Individual or Joint/Group Filing(Check Applicable Line) Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City) (State) (Zip)				Table I - Non-Derivative Securities Acqu					Acquir	uired, Disposed of, or Beneficially Owned					i		
1.Title of Secur (Instr. 3)	Ĺ	. Transaction Date Month/Day/Year)	Exec any	cution Date, if	3. Transacti Code (Instr. 8)		4. Secur Acquired Dispose (Instr. 3)	d (A) d of (, 4 an (A) or	(D) d 5)	Secu Bene Follo Tran	mount of urities eficially Orowing Repnsaction(s) tr. 3 and 4)	orted	6. Owner Form: Direct or India (I) (Instr.	rect (Instr.	lirect icial ership		
Common Sto	ock 0	09/01/2009			A		816	A	\$ 1.38	13,9	981		D				
				ntive Securities uts, calls, warn	_	red cul	quired to rrently v Disposed	o res	pond (OMB or Bene	unle cont eficia	-	rm dis er.		`	9-02)		
(Instr. 3) Pric	eversion Exercise e of ivative urity	3. Transaction On Date se (Month/Day/Yea	3A. Exe	. Deemed ecution Date, if	4. Transa Code	ctio	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		o. Date I	Exercisable piration Date h/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)			9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Form of Derivative Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownershi (Instr. 4)
					Code	V]	Date Exercisa		Expiration Date	Title I	Amount or Number of Shares				
Reporti	ng C	wners															

Donouting Own or Name / Address	Relationships						
Reporting Owner Name / Address	Director 10% Owner Office		Officer	Other			
SIMON GARY D							
21211 NORDHOFF STREET	X						
CHATSWORTH, CA 91311							

Signatures

Clarice Hovsepian, Power of Attorney for Gary D. Simon, Reporting Person	09/10/2009	
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.