## FORM 4

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

OMB APPROVAL
OMB 3235Number: 0287
Estimated average
burden hours per

response...

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 Estimated average burden hours per

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            | ne Resnons  | :ec)                 |  |                      |            |  |                             |   |  |                       |   |                                      |                          |  |  |
|-------------------------|---|----------------------|--|----------------------|------------|--|-----------------------------|---|--|-----------------------|---|--------------------------------------|--------------------------|--|--|
| 1. Name ar<br>Mayo Ga   | d Address   | Symbol               | 2. Issuer Name and Ticker or Trading<br>Symbol<br>CAPSTONE TURBINE Corp [cpst] |                      |            |  |                             | 5. Relationship of Reporting Person(s) to<br>Issuer  (Check all applicable) |  |                       |   |                                      |                          |  |  |
| (Last)<br>21211 NO      | ORDHOF.   | (Month/Day/          | 3. Date of Earliest Transaction<br>(Month/Day/Year)<br>09/01/2010              |                      |            |  |                             |   | Officer (give title Other (specify below)  |                       |   |                                      |                          |  |  |
| CHATSV                  | (Str  |                      | 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)                  | (St   | (Zip)                | Table I - I  | Non-Dei              | ivati      | ive Secur  | ities .                     | Acqui   | red, Disposed  | of, or                | Benefici  | ally Owned                           | l                        |  |  |
| 1.Title of S (Instr. 3) |   |                      | · · · · · · · · · · · · · · · · · · ·  | Transaction          |            | 4. Securities Acquired (A) o Disposed of (D (Instr. 3, 4 and |                             | Securities D) Beneficial Following Transactio                               | 5. Amount of<br>Securities<br>Beneficially C<br>Following Re<br>Transaction(s)<br>(Instr. 3 and 4  | Owned ported          | 6.<br>Owner<br>Form:<br>Direct<br>or Indi         | ` /                                  | irect<br>icial<br>rship  |  |  |
|                         |   |                      |  | Code                 | V An       | Amount   | or<br>(D)                   | Price   | 1  | • )                   | (Instr.   | 4)                                   |                          |  |  |
| Common                  | Stock   | 09/01/2010           |  | A                    |            | 2,307  | A                           | \$<br>0.65  | 17,269   |                       | D   |                                      |                          |  |  |
| directly or             |   | separate fine for ca | ch class of securitie  | s beliefic           | Pe<br>info | rsons w<br>ormation  | n coi<br>res                | ntaine<br>pond  | d to the colled in this formuless the fo   | n are<br>orm di       | not   |                                      | 1474<br>9-02)            |  |  |
|                         |   |                      | erivative Securities g., puts, calls, war                                      | _                    |            | -  |                             |   | -  | d                     |   |                                      |                          |  |  |
| Security                | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction Date  | 3A. Deemed<br>Execution Date, if   | 4.<br>Transa<br>Code | Code       |  | 5. 6. Date<br>Number and Ex |   | Exercisable<br>biration Date<br>Day/Year)  | Amor<br>Unde<br>Secur | ele and<br>unt of<br>crlying<br>rities<br>: 3 and | Derivative<br>Security<br>(Instr. 5) | Derivative<br>Securities | Security:<br>Direct (D)<br>or Indirect | 11. Nature<br>of Indirect<br>Beneficial<br>Ownershij<br>(Instr. 4) |
|                         |   |                      |  | Code                 | e V        | (A) (I   |                             | )ate<br>ixercisa  | Expiration<br>able Date  | <sup>1</sup> Title    | Amount<br>or<br>Number<br>of<br>Shares            |                                      |                          |  |  |

#### **Reporting Owners**

| Donouting Own or Nome / Address | Relationships |           |         |       |  |  |  |
|---------------------------------|---------------|-----------|---------|-------|--|--|--|
| Reporting Owner Name / Address  | Director      | 10% Owner | Officer | Other |  |  |  |
| Mayo Gary                       |               |           |         |       |  |  |  |
| 21211 NORDHOFF STREET           | X             |           |         |       |  |  |  |
| CHATSWORTH, CA 91311            |               |           |         |       |  |  |  |

### **Signatures**

| Clarice Hovsepian, Power of Attorney for Gary J. Mayo, Reporting Person | 09/02/2010 |
|---|------------|
| 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.