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

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

#### STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL OMB 3235-Number: 0287 Estimated average burden hours per 0.5 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 Respon             | ises)                                      |   |  |                                     |       |   |   |   |  |  |   |  |
|-----------------------------------|--|---|--|-------------------------------------|-------|---|---|---|--|--|---|--|
| 1. Name and Address<br>Mayo Gary  | 2. Issuer Na<br>Symbol<br>CAPSTON          |   |  |                                     | U     |   | 5. Relationship of Reporting Person(s) to<br>Issuer<br>(Check all applicable)<br>X Director 10% Owner |   |  |  |   |  |
| (Last) (F<br>21211 NORDHOF        | I  | 3. Date of Ear<br>(Month/Day/<br>12/01/2010 | Year)  | nsact                               | ion   |   | -   | Officer (give titleOther (specify below)<br>below)  |  |  |   |  |
| (S<br>CHATSWORTH,                 |  | 4. If Amendm<br>Filed(Month/Da              | · ·  | e Ori                               | ginal |   |   | 6. Individual or Joint/Group Filing(Check<br>Applicable Line)<br>_X_ Form filed by One Reporting Person<br>Form 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<br>(Instr. 3) | 2. Transaction<br>Date<br>(Month/Day/Year) | Exec<br>any                                 | Deemed<br>ution Date, if<br>nth/Day/Year)  | 3.<br>Transact<br>Code<br>(Instr. 8 | tion  | 4. Securi<br>Acquired<br>Disposed<br>(Instr. 3, | 1 (A)<br>d of (l  | D)  | Beneficially Owned<br>Following Reported<br>Transaction(s) | 6.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|                                   |  |   |  | Code                                | v     | Amount  |   | Price   |  | (Instr. 4)   |   |  |
| Common Stock                      | 12/01/2010                                 |   |  | А                                   |       | 1,923   | А   | \$<br>0.78  | 19,192   | D  |   |  |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

| Persons whe  | o respond to the collection of | SEC 1474 |
|--------------|--------------------------------|----------|
| information  | contained in this form are not | (9-02)   |
|              | respond unless the form displa | ys a     |
| currently va | lid OMB control number.        |          |

#### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

| _           | (e.g., puts, calls, warrants, options, convertible securities) |                  |                    |            |      |          |      |              |                    |        |          |             |                |             |             |
|-------------|--|------------------|--------------------|------------|------|----------|------|--------------|--------------------|--------|----------|-------------|----------------|-------------|-------------|
| 1. Title of | 2.   | 3. Transaction   | 3A. Deemed         | 4.         | 5    |          |      | 6. Date Exer | cisable            | 7. Tit | tle and  | 8. Price of | 9. Number of   | 10.         | 11. Nature  |
| Derivative  | Conversion   | Date             | Execution Date, if | Transactic | on N | Jumbe    | er   | and Expirati | on Date            | Amo    | unt of   | Derivative  | Derivative     | Ownership   | of Indirect |
| Security    | or Exercise  | (Month/Day/Year) | any                | Code       | 0    | f        |      | (Month/Day   | /Year)             | Unde   | erlying  | Security    | Securities     | Form of     | Beneficial  |
| (Instr. 3)  | Price of   |                  | (Month/Day/Year)   | (Instr. 8) | Γ    | Derivat  | tive |              |                    | Secu   | rities   | (Instr. 5)  | Beneficially   | Derivative  | Ownership   |
|             | Derivative   |                  |                    |            | S    | ecurit   | ies  |              |                    | (Inst  | r. 3 and |             | Owned          | Security:   | (Instr. 4)  |
|             | Security   |                  |                    |            | A    | Acquir   | ed   |              |                    | 4)     |          |             | 0              | Direct (D)  |             |
|             |  |                  |                    |            | `    | A) or    |      |              |                    |        |          |             | 1              | or Indirect |             |
|             |  |                  |                    |            |      | Dispos   | ed   |              |                    |        |          |             | Transaction(s) |             |             |
|             |  |                  |                    |            |      | f(D)     |      |              |                    |        |          |             | (Instr. 4)     | (Instr. 4)  |             |
|             |  |                  |                    |            | `    | Instr. ( |      |              |                    |        |          |             |                |             |             |
|             |  |                  |                    |            | 4    | , and 5) |      |              |                    |        |          |             |                |             |             |
|             |  |                  |                    |            |      |          |      |              |                    |        | Amount   |             |                |             |             |
|             |  |                  |                    |            |      |          |      | Date         | Expiration         |        | or       |             |                |             |             |
|             |  |                  |                    |            |      |          |      | Exercisable  | Expiration<br>Date | Title  | Number   |             |                |             |             |
|             |  |                  |                    |            |      |          |      | Excicisable  | Date               |        | of       |             |                |             |             |
|             |  |                  |                    | Code V     | V (  | (A) (    | D)   |              |                    |        | Shares   |             |                |             |             |

## **Reporting Owners**

| Demonting Own on Name ( Address                            | Relationships |           |         |       |  |  |  |  |  |
|--|---------------|-----------|---------|-------|--|--|--|--|--|
| Reporting Owner Name / Address                             | Director      | 10% Owner | Officer | Other |  |  |  |  |  |
| Mayo Gary<br>21211 NORDHOFF STREET<br>CHATSWORTH, CA 91311 | Х             |           |         |       |  |  |  |  |  |

### **Signatures**

Clarice Hovsepian, Power of Attorney for Gary J. Mayo, Reporting Person

-Signature of Reporting Person

12/03/2010 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.