## 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(b) of the Investment Company Act of 1940

(D.: T.	D		ectic	on 30(n) or th	ie ilives	une	iii Coi	прап	ıy F	ACT OF	194	+0						
(Print or Type Responses)  1. Name and Address of Reporting Person * SIMON GARY D				2. Issuer Name and Ticker or Trading Symbol CAPSTONE TURBINE Corp [cpst]						Is	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) 12/01/2010							Officer (give title Other (specify below)							
(Street) CHATSWORTH, CA 91311				4. If Amendment, Date Original Filed(Month/Day/Year)						Ap	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)	(S	tate) (Zip)		Table I - N	Non-Der	ivati	ive Sec	uritie	s A	cquire	ed, I	Disposed o	of, or	Benefici	ally Owned	ı		
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Exec any		Code	Fransaction Code Instr. 8)		4. Securities Acquired (A Disposed of (Instr. 3, 4 a  (A O) Amount (D		or S O) H 5) H	5. Amount of Securities Beneficially Ov Following Rep Transaction(s) (Instr. 3 and 4)		wned Form: Direct or Indi		rect (Instr.	irect icial rship		
Common	Stock	12/01/2010			A		1,923	A		\$ 0.78	25,0	96		D				
Reminder: directly or		separate line for ea	ch cla	ass of securities	s benefic	Pe infe	rsons ormati quired	who on c	ont sp	tained ond u	l in t	the colle this form ss the fo rol numb	are rm di	not	(	1474 9-02)		
				ative Securities outs, calls, war	•	ed, l	Dispos	ed of	, or	Benef	icial							
Security	2. Conversion or Exercise Price of Derivative Security	e (Month/Day/Year	Ex r) an	. Deemed ecution Date, if onth/Day/Year	Code		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exe and Expirat (Month/Da		iration Date		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	Securities Beneficially Owned Following Reported	Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficial Ownershi (Instr. 4)
					Code	: V	(A)	(D)	Da Ex	ate cercisab		Expiration Date	Title	Amount or Number of Shares				
Donor	nting (	Jumore																

#### **Reporting Owners**

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

### **Signatures**

Clarice Hovsepian, Power of Attorney for Gary D. Simon, Reporting Person	12/03/2010
**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.