### FORM 4

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

N OMB APPROVAL OMB 3235-Number: 0287

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

Number: 028
Estimated average
burden hours per
response... 0

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Addres BOSCO CARMII	Symbol						]	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable) X_ Director Officer (give title Other (specify below) below)								
(Last) (21211 NORDHO	3. Date of 1	CAPSTONE TURBINE CORP [cpst]  3. Date of Earliest Transaction (Month/Day/Year) 12/01/2004					-					below)				
CHATSWORTH	4. If Amen	4. If Amendment, Date Original Filed(Month/Day/Year)					A	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)	Table I	- Non-Do	eriva	tive	e Secur	ities	Acqui	red, D	Disposed o	of, or I	Beneficia	ally Owne	d		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any (Month/Day/Yea	Code	8)	n A D (I	Acquired Disposed Instr. 3,	d (A) d of ( , 4 an (A) or	(D) ad 5)	Secur Benef Follo Trans	mount of rities ficially Overwing Rep saction(s)	orted	6. Owners Form: Direct ( or Indir (I) (Instr. 4	rect (Instr	lirect ficial ership		
Common Stock	12/01/2004	12/01/2004	P		3	3,342	A	\$ 1.87	3,342	2		D				
Reminder: Report on directly or indirectly.	a separate line for ea	ach class of securi	ties benef	Pe	ers	ons w				the colle				1474		
	Table II - I	Perivative Securi	ties Acqu	Poin re	ers for equi urre	sons w rmation ired to ently v	n cor res valid	ntaine spond OMB or Bene	d in the unles contr	his form is the foi rol numb	are n rm dis er.	not		1474 9-02)		
directly or indirectly.	Table II - I		ties Acqu	Poin re	ers for equ urre	sons w rmation ired to ently v	n cores ralid	ntaine spond OMB or Bene	ed in to unles contr eficiall rities)	his form ss the for rol numb ly Owned	are n rm dis er.	not splays	a		10.	11. Natur
	Table II - I (a 3. Transaction Date (Month/Day/Yea	Derivative Securi .g., puts, calls, w 3A. Deemed Execution Date	ties Acqu arrants, 4. Tran Code	Pein re cu	ers ifor equium , Dis ons,	ons w mation ired to ently w isposed	n colores valid  of, of, of	ntaine spond OMB or Bene e secur	ed in the unless contressed in the contressed in	this form as the form rol numb by Owned isable in Date Year)	7. Title Amou Under Securi	e and int of rlying	a 8. Price o	(9-02)	Ownership Form of Derivative Security: Direct (D) or Indirect	

Donoutino Orano None / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
BOSCO CARMINE F 21211 NORDHOFF STREET CHATSWORTH, CA 91311	X					

#### **Signatures**

Karen Clark, Power of Attorney for Carmine F. Bosco, Reporting Person	12/03/2004
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.