## FORM 3

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

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

OMB APPROVAL							
OMB	3235-						
Number:	0104						
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response	0.5						

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

**SECURITIES** 

(Print or Type Responses)									
1. Name and Address of Reporting Person * FINK JOHN C III	2. Date of Event Requiring Statement (Month/Day/Year)		3. Issuer Name and Ticker or Trading Symbol CAPSTONE TURBINE CORP [cpst]						
(Last) (First) (Middle 21211 NORDHOFF STREET	ORDHOFF STREET (Street)			4. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% OwnerX Officer (give Other (specify title below) below)  Sr. VP Sales & Marketing			5. If Amendment, Date Original Filed(Month/Day/Year)		
(Street) CHATSWORTH, CA 91311							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)		Ta	Table I - Non-Derivative Securities Beneficially Owned						
Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)		3. Ownership Form: Direc (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership t (Instr. 5)			
Common Stock			000		D				
number.	and Expiration Date (Month/Day/Year) Securitie Derivativ					otions, con 5.		de securities)  6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exercisable	Expiration Date	Title	) mount or Numbe Shares	Price of Derivativ Security	re Sec Dir or (I)	Derivative Security: Direct (D) or Indirect (I) (Instr. 5)		
Reporting Owners									
Reporting Owner Name / Address			Relation	ships		7			
	Director 10	)% Owner	Officer		Othe	r			
FINK JOHN C III 21211 NORDHOFF STREET CHATSWORTH CA 01311			Sr. VP	Sales & Mark	ceting				

08/25/2003 Date

## **Explanation of Responses:**

By Karen Clark, Power of Attorney for John C. Fink III, reporting person

Signature of Reporting Person

**Signatures** 

- \* If the form is filed by more than one reporting person, see Instruction 5(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.