longer subject to

Section 16. Form 4 or

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 response... 0.5

Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Instruction 1(b). Section 30(h) of the Investment Company Act of 1940

(Print or Typ	e Response	s)														
Name and Address of Reporting Person Gilbreth Mark				2. Issuer Name and Ticker or Trading Symbol CAPSTONE TURBINE CORP [cpst]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) (First) (Middle) 21211 NORDHOFF STREET				3. Date of Earliest Transaction (Month/Day/Year) 05/01/2009												
(Street) CHATSWORTH, CA 91311				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)	(Stat	e) (Zip)		Table I - N	lon-De	rivati	ive Secui	rities .	Acqu	ired, Disposed of, or l	Beneficially	Owned				
1.Title of Se (Instr. 3)	D	Transaction ate Month/Day/Year)	Execu any	ution Date, if		8)	4. Secur Acquire Dispose (Instr. 3	d (A) d of (, 4 and (A) or	D) d 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficia Ownersh	ct il nip			
Common S	Stock 0:	5/01/2009			Code	V	Amount 12,750		Price \$ 0.33	147 062	D					
Reminder: R directly or in		eparate line for ea	ch cla	ss of securities	s benefi	cially	owned									
						info rec	ormatio quired to	n coi o res	ntain pond	nd to the collection ed in this form are r I unless the form dis I control number.	not	SEC 14 (9-0				
				tive Securities uts, calls, war	-		-			neficially Owned						
Title of Derivative	2. Conversion	3. Transaction Date		A. Deemed Execution Date,	if Tra	nsacti	5. Nu on of	ımber		Date Exercisable and piration Date	7. Title and of Underly			9. Number of Derivative	10. Ownership	11. Nature of Indirect

1. Title of	2.	3. Transaction	3A. Deemed	4.	- 13	5. N	umber	6. Date Exe	rcisable and	7. Title and	Amount	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transact	ion	of		Expiration I	Date	of Underlyi	ng	Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	1	Deri	vative	(Month/Day	/Year)	Securities		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8) ;	Secu	ırities			(Instr. 3 and	14)	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Acq	uired						Owned	Security:	(Instr. 4)
	Security					(A)	or						Following	Direct (D)	
					1	Disp	osed of						Reported	or Indirect	
						(D)							Transaction(s)	` /	
							tr. 3, 4,						(Instr. 4)	(Instr. 4)	
						and	5)								
											Amount				
								Date	Expiration		or				
								Exercisable		Title	Number				
								LACICISADIC	Date		of				
				Code	V	(A)	(D)				Shares				
Employee															
Stock															
Option	\$ 0.33	05/01/2009		M			12,750	<u>(1)</u>	05/01/2009	Common Stock	12 750	\$0	0	D	
	\$ 0.55	03/01/2009		IVI			12,730	<u> </u>	03/01/2009	Stock	12,730	φU	U	D	
(Right-to-															
buy)															

Reporting Owners

Donouting Owner Name / Address	Relationships								
Reporting Owner Name / Address		10% Owner	Officer	Other					
Gilbreth Mark 21211 NORDHOFF STREET CHATSWORTH, CA 91311			EVP Operations & CTO						

Signatures

Mark Gilbreth, Reporting Person	05/04/2009
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).
- $\textbf{(1)} \ 9,\!000 \ options \ became \ exercisable \ in \ May \ 1, 2000, \ the \ remaining \ options \ became \ exercisable \ in \ monthly \ increments \ of 562.5 \ per \ month.$

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.