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(h) of the Investment Company Act of 1940

nses)													
PROTSCH ELIOT G Symbol					Ü	1	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
(Last) (First) (Middle) 21211 NORDHOFF STREET (Month/Day/Year) 03/01/2010				ion		<u>-</u>	XDirector10% OwnerOfficer (give titleOther (specify below)						
(Street) 4. If Amendment, Dat Filed(Month/Day/Year) CHATSWORTH, CA 91311				ginal		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						
(State) (Zip)	Table I - N	on-Deri	ivati	ve Secur	ities	Acquii	ed, Dispose	d of, or	Benefici	ally Owned	l		
(Instr. 3) Date (Month/Day/Year) Exe		Fransacti Code	action Acqui Dispo		quired (A) or posed of (D) str. 3, 4 and 5)		Securities Beneficially Following R	Owned eported	Form: Direct	ership of Ind Benefi t (D) Owner	irect icial rship		
		Code	v	Amount	or	Price			(I)	Ì			
03/01/2010		A		3,253	A	\$ 1.21	115,998		D				
	ch class of securities		Per info	rsons w ormation	n co res	ntaine pond (d in this for unless the f	m are i	not	(
		_		-			-	ed					
3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transaction Code		5. Number a		6. Date Exercisable and Expiration Date (Month/Day/Year)		Amor Unde Secur	unt of rlying rities	Derivative Security	Derivative Securities Beneficially Owned Following Reported	Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownershi (Instr. 4)
		Code	v	(A) (I	E			Title	or Number				
	(First) (Middle) (FF STREET (Street) (A, CA 91311 (State) (Zip) 2. Transaction Date (Month/Day/Year) 03/01/2010 Table II - D (e) 3. Transaction Date	Symbol CAPSTONE (First) (Middle) (FF STREET 3. Date of Earli (Month/Day/Y 03/01/2010 4. If Amendme Filed(Month/Day I, CA 91311 (State) (Zip) Table I - N 2. Transaction Date (Month/Day/Year) (Month/Day/Year) 2. Transaction Date (Month/Day/Year) (Month/Day/Year) 1. Table II - Derivative Securities (e.g., puts, calls, warr of the composition of Date (Month/Day/Year) 3. Transaction Jate (Execution Date, if any (Month/Day/Year) 3. Transaction Jate (a.g., puts, calls, warr of the composition of Date (Month/Day/Year) 3. Date of Earli (Month/Day/Year) 4. If Amendme Filed(Month/Day/Year) (Month/Day/Year) 3. Deemed Execution Date, if any (Month/Day/Year)	Symbol CAPSTONE TURE (First) (Middle) OFF STREET 3. Date of Earliest Tran (Month/Day/Year) 03/01/2010 4. If Amendment, Date Filed(Month/Day/Year) 2. Transaction Date (Month/Day/Year) 2. 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Reporting Owners

Donouting Own on Name / Adduses	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
PROTSCH ELIOT G 21211 NORDHOFF STREET CHATSWORTH, CA 91311	X						

Signatures

Clarice Hovsepian, Power of Attorney for Eliot Protsch, Reporting Person	03/03/2010
-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.