## FORM 4

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

OMB APPROVAL
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Estimated average burden
hours per response... 0.5

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

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

	pe Response	5)												
1. Name and Address of Reporting Person * Reich Edward I			2. Issuer Name and Ticker or Trading Symbol CAPSTONE TURBINE Corp [cpst]				S. Relationship of Reporting Person(s) to Issuer							
(Last) (First) (Middle) 21211 NORDHOFF STREET			3. Date of Earliest Transaction (Month/Day/Year) 12/10/2010											
(Street) CHATSWORTH, CA 91311			4. If Amendment, Date Original Filed(Month/Day/Year) 12/14/2010											
											(City	·)	(State)	(Zip)
1.Title of Security (Instr. 3)			2. Transaction Date Month/Day/Year)		f Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Beneficially Owned Following Reported Transaction(s)		Ownership of Form:	Beneficial		
				(Month/Day/Year)	Code	VA	mount	(A) or (D)	Price	(Instr. 3 and 4)			\ /	Ownership (Instr. 4)
Common	n Stock		12/10/2010		F(1)	4	46		\$ 0.92	57,308			D	
						tne tori	m aisr			entiv valid			ss	
				Derivative Securit			osed of	f, or Ben	eficia	lly Owned		trol numbe		

#### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Reich Edward I						
21211 NORDHOFF STREET			EVP and CFO			
CHATSWORTH, CA 91311						

### **Signatures**

Edward Reich, Reporting Person	12/14/2010
**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).
- (1) The transaction code that was reported, has been amended, to reflect the correction of a clerical error.

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.