FORM 4	1
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1	Check this box if no	
	longer subject to	
	Section 16. Form 4 or	
	Form 5 obligations	
	may continue. See	
	Instruction 1(b).	1

#### 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

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

(Print or Type Respon	ises)										
1. Name and Address Crouse James D	n <sup>±</sup> 2. Issuer Na Symbol CAPSTON				e	]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last) (F 21211 NORDHOF	(Month/Day/	3. Date of Earliest Transaction (Month/Day/Year) 06/08/2012						XX Officer (give title Other (specify below)   below) EVP Sales & Marketing			
(S CHATSWORTH,		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) (State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Benefit									Beneficially (	Owned	
1.Title of Security (Instr. 3)	y 2. Transaction Date 2A. Deemed 3. 4. Securities Date Execution Date, if Transaction Code Disposed of (D) (Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5)		or D)	5. Amount of 6. 7. Na Securities Ownership of Ind Beneficially Owned Form: Benef Following Reported Direct (D) Owned							
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	or Indirect (I) (Instr. 4)	(Instr. 4)	
Common Stock	06/08/2012		S		1,341 <u>(1)</u>	D	\$1	158,209	D		
Common Stock	06/11/2012		S		1,609 (1)	D	\$1	156,600	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02) required to respond unless the form displays a currently valid OMB control number.

#### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

		(e.g.	., puts, calls, warra	ints, optio	ons	, conv	vertit	ole securities	5)						
1. Title of	2.	3. Transaction	3A. Deemed	4.		5.		6. Date Exer	rcisable	7. Tit	tle and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transacti	on	Numl	ber	and Expiration Date		Amount of		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code		of		(Month/Day/Year) U			erlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)		Deriv	ative	5		Securities		(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative					Secur	rities	(		(Instr. 3 and			Owned	Security:	(Instr. 4)
	Security					Acqu	ired			4)			Following	Direct (D)	
						(A) o							- <b>T</b>	or Indirect	
						Dispo		1					Transaction(s)	< / </td <td></td>	
						of (D	·						(Instr. 4)	(Instr. 4)	
						(Instr									
						4, and	15)								
											Amount				
								Date	Expiration		or				
								Exercisable	Expiration Date	Title	Number				
								Excretoisable	Duit		of				
				Code	V	(A)	(D)				Shares				

## **Reporting Owners**

Bonosting Owner Name / Address	Relationships								
Reporting Owner Name / Address		Director 10% Owner Officer							
Crouse James D 21211 NORDHOFF STREET			EVP Sales & Marketing						
CHATSWORTH, CA 91311			E VI Sales & Marketing						

## Signatures

James D. Crouse, Reporting Person	06/12/2012
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 shares were withheld pursuant to the prior authorization of the Reporting Person to cover the tax liability resulting from the vesting of restricted stock units.

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.