## FORM 4

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

OMB APPROVAL
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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(b) of the Investment Company Act of 1940

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(Print or Type Responses)  1. Name and Address of Reporting Person * Van Deursen Holly				2. Issuer Name and Ticker or Trading Symbol CAPSTONE TURBINE Corp [cpst]					I	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)  _X_Director _Officer (give titleOther (specify below)							
(Last) (First) (Middle) 21211 NORDHOFF STREET				3. Date of Earliest Transaction (Month/Day/Year) 09/04/2012					- <u>t</u>						pelow)		
(Street) CHATSWORTH, CA 91311				4. If Amendment, Date Original Filed(Month/Day/Year)					A	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person							
(City)	(St	ate) (Zip)		Table I - N	lon-Der	ivati	ive Secu	rities	Acquir	red, Dispo	sed o	of, or	Benefici	ally Owner	i		
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	Exect any	ution Date, if	Code	Transaction Code		4. Securities Acquired (A) o Disposed of (D (Instr. 3, 4 and		5. Amount of Securities Beneficially Ov Following Rep			Form: Direct	` /	lirect icial ership		
					Code	V	Amount	(A) or (D)		Transaction(s) (Instr. 3 and 4)			or India (I) (Instr. 4	Ì	. 4)		
Common	Stock	09/04/2012			A		2,572	A	\$ 1.01	85,031			D				
Reminder:		separate line for ea	ıch cla	ss of securities	benefic	ially	owned										
unecuy of t	munecuy.					info	ormatio quired to	n co o res	ntaine pond	d to the o d in this t unless th control n	form e foi	are i	not	(	1474 9-02)		
				tive Securities ats, calls, war	_		_			-	wned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	****	Exe any	Deemed ecution Date, if onth/Day/Year	Date, if Trans Code		5. n Numbo of Deriva Securit Acquir (A) or Dispos of (D) (Instr. 4, and	er a (tive ries red sed sed 3, 5)	nd Exp	Exercisable piration Date //Day/Year)  Expiration		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Security: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownershi (Instr. 4)
					Code	· V	(A)	I		able Date	aciOiI		Number of Shares				

#### **Reporting Owners**

Donouting Oromor Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Van Deursen Holly 21211 NORDHOFF STREET CHATSWORTH, CA 91311	X						

### **Signatures**

Clarice Hovsepian, Power of Attorney for Holly A. Van Deursen, Reporting	Person 09/06/	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).

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.