## FORM 4 Check this box if no

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

OMB APPROVAL OMB Number: 0287 Estimated average burden hours per

response...

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

(Print or Ty	ne Resnon		ectic	on 50(n) or u	ie ilive	sume	int Com	рапу	Acto	1 1940						
(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]						5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)						
(Last) (First) (Middle) 21211 NORDHOFF STREET				3. Date of Earliest Transaction (Month/Day/Year) 09/02/2014						X_ Director 10% Owner Officer (give title Other (specify below) below)						
(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)	(S	tate) (Zip)		Table I - N	Non-De	erivati	ive Secur	ities .	Acqui	red, Disposed	of, or	Benefici	ally Owned	l		
1.Title of S (Instr. 3)	Date (Month/Day/Year)		Exec any	Deemed cution Date, if nth/Day/Year)	Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5  (A) or Amount (D) F		D)	5. Amount of Securities Beneficially O Following Rep Transaction(s) (Instr. 3 and 4)	wned Form: Direct ( or Indir		rect (Instr.	irect icial rship		
Common	Stock	09/02/2014			A		2,590	A	\$ 1.23	142,014		D				
directly or			eriva	ative Securities	s Acqui	Pe info rec cui	rsons w ormatio quired to rrently v	n cor res ralid	ntaine pond OMB	d to the colle d in this form unless the fo control numb	n are i rm di: per.	not		1474 9-02)		
1. Title of	2	3. Transaction		outs, calls, war	4.	optioi	5.			Exercisable	7 Tit	le and	8 Price of	9. Number of	10.	11. Nature
Derivative Security (Instr. 3)		Date (Month/Day/Year	Execution	ecution Date, if	Transaction Code		Number and		nd Exp	piration Date /Day/Year)	Amou Unde Secur	unt of rlying	Derivative Security (Instr. 5)	Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form of Derivative Security: Direct (D) or Indirect	
					Cod	le V	(A) (		Date Exercisa	Expiration Date	Title	Amount or Number of Shares				
Repor	ting (	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	09/04/2014	
<sup>∞</sup> 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.