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

OMB APPROVAL						
OMB Number: 3235-0287						
Estimated average burden						
ours 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

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 Ty	pe Response	es)															
1. Name and Address of Reporting Person * SIMON GARY D			2. Issuer Name and Ticker or Trading Symbol CAPSTONE TURBINE Corp [cpst]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) (First) (Middle) 21211 NORDHOFF STREET				3. Date of Earliest Transaction (Month/Day/Year) 03/01/2016							/Year)		give title belo	 w)	Other (specify	below)	
(Street) CHATSWORTH, CA 91311			4. If Amendment, Date Original Filed(Month/Day/Year)							/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)														
		()	•			l ab									Beneficially		
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)	Exect any	A. Deemed execution Date, if ny Month/Day/Year)				(A) (D)	4. Securities Acqu (A) or Disposed of (D) (Instr. 3, 4 and 5)		of	Beneficia	nount of Securities ricially Owned Following ted Transaction(s) 3 and 4)		6. Ownership Form: Direct (D)	Beneficial Ownership	
							Code	V	An	nount	(A) or (D)	Price	ce			or Indirect (I) (Instr. 4)	(Instr. 4)
Common	Stock		03/01/2016				A		10	,937	A	\$ 1.20	33,786			D	
Common	Stock												1,200			I	By 2002 CLT Trust
Common	Stock												445			I	By 2007 CLT Trust
Reminder: indirectly.	Report on a	separate line fo	or each class of secu	rities	beneficiall	ly o	wned dir	ectly (or								
								con	taine	ed in	this fo	rm a	e not req	uired to re	formation espond un ntrol numb	less	EC 1474 (9- 02)
			Table II - D		tive Secur uts, calls,									l			
1. Title of Derivative Security (Instr. 3)			Year) Execution Da	4. Transaction Code Year) (Instr. 8)		on 0 1 5 6 6 6 6 6 6 6 6 6	of	and (Mo	6. Date Exercisab and Expiration Da (Month/Day/Year		n Date	Am Un Sec	Title and nount of derlying uurities str. 3 and	8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owners Form o y Derivat Security Direct (or Indir	(Instr. 4)
					Code	V	(A) (D			ible [Expiratio Date	n Tit	Amount or Number of Shares				
Repor	ting O	wners															

Describer Occurs Name / Address	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
SIMON GARY D 21211 NORDHOFF STREET CHATSWORTH, CA 91311	X							

Signatures

Clarice Hovsepian, Power of Attorney for Gary Simon, Reporting Person	03/03/2016
**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.