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

OMB APPROVAL OMB Number: 3235-0287 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 Section 30(h) of the Investment Company Act of 1940

Print or Type Responses) 1. Name and Address of Reporting Person * SIMON GARY D			2. Issuer Name and Ticker or Trading Symbol CAPSTONE TURBINE Corp [cpst]					5	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) 09/01/2016						Officer (give title below) Other (specify below)					
(Street) CHATSWORTH, CA 91311			4. If A	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 Acqu						Acquir	ired, Disposed of, or Beneficially Owned					
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, any (Month/Day/Yea		Code (Instr. 8)	4. Securities (A) or Dispo (D) (Instr. 3, 4 a		Disposed	of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Following (s)	6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
						Code	V	V Amount	(A) or (D)	Price	(I)			et (Instr. 4)	
Common	Stock		09/01/2016			A		7,765	A	\$ 1.69	79,332			D	
	Report on a s	separate line f	or each class of sec	urities b	eneficially of		•								
	Report on a s	separate line f	or each class of seco	urities b	eneficially (Perso conta	ons who	this fo	rm are	not req	uired to re	formation espond unle	ess	EC 1474 (9- 02)
Reminder: indirectly.	Report on a s	separate line f	Table II - I	Derivati	ive Securiti	es Acquire	Perso conta the fo	ons who ained in orm dis	this fo plays a f, or Ben	rm are currei ieficial	not req	uired to re	spond unl	ess	
	2. Conversion	3. Transactio	Table II - I (n 3A. Deemed Execution Da	Derivati e.g., put ate, if	ive Securiti ts, calls, wa 4. Transaction Code	es Acquire rrants, opi 5. Number	Persoconta the fo d, Distions, 6. Da	ons who ained in orm dis sposed o convertinte Exerci	this for plays a f, or Bendible secution Date	rm are current efficially rities) 7. Ti Amo Under	not req	uired to red OMB cor	spond unl	f 10. Ownersl Form of Derivati Security Direct (1 or Indire	11. Natur of Indirec Beneficia Ownershi (Instr. 4)

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	09/06/2016
**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.