FORM	4
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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).

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

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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 Van Deursen Holly	2. Issuer Name a CAPSTONE TU				mbol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
21211 NORDHOFF STREE	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 11/18/2016						Officer (give title below)	Other (specify)	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) (State)	(Zip)	Tab	le I - Non	Deri	ivative Se	ecuritie	s Acqui	ired, Disposed of, or Beneficially	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code (Instr. 8)				l of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	Form:	7. Nature of Indirect Beneficial	
		(Month/Day/Year)	Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)	
Common Stock	11/18/2016		Р		800	А	\$ 0.913	93,835	D		
Common Stock	11/18/2016		Р		800	^	\$ 0.914	04 625	D		
Common Stock	11/18/2016		Р		7,000	А	\$ 0.92	101,635	D		
Common Stock	11/18/2016		Р		488	А	\$ 0.93	102,123	D		
Common Stock	11/18/2016		Р		300	А	\$ 0.935	102,423	D		
Common Stock	11/18/2016		Р		2,400	А	\$ 0.937	104,823	D		
Common Stock	11/18/2016		Р		10,118	А	\$ 0.94	114,941	D		

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

Persons who respond to the collection of information

SEC 1474 (9-02)

contained in this form are not 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, warrants, options, convertible securities)														
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.	Num	ber	6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	n of	of		and Expiration Date		Amount of		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	D	Derivative (Month/Day/Year)		/Year)	Underlying S		Security	Securities	Form of	Beneficial	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Se	Securities		Securities ((Instr. 5)	Beneficially	Derivative	Ownership		
	Derivative				A	cquire	ed			(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security				(A	A) or				4)			Following	Direct (D)	
					D	ispose	ed						Reported	or Indirect	
						f (D)							Transaction(s)	< /	
					(Instr. 3,		· · · ·						(Instr. 4)	(Instr. 4)	
					4, and 5)		5)								
											Amount	-			
								D.	.		or				
								Date Exercisable	Expiration T	Title	Number				
								Exercisable	Date		of				
				Code V	' (<i>I</i>	A) (D)				Shares				

Reporting Owners

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

Signatures

Clarice Hovsepian, Power of Attorney for Holly Van Deursen, Reporting Person

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.