# FORM 4

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

OMB APP	ROVAL
OMB Number:	3235-0287
Estimated average	ge burden
hours per respor	ise 0.5

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

Name and Address of Reporting Person –  ATKINSON RICHARD K			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) 211 NORDHOFF STREET			3. Date of Earliest Transaction (Month/Day/Year) 08/31/2016				-		r (give title belo		ther (specify be	elow)	
(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 PersonForm filed by More than One Reporting Person					
(City	·)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned					Owned					
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, is any (Month/Day/Year	Code (Instr. 8)	4. Securities Acqu (A) or Disposed o (D) (Instr. 3, 4 and 5)		f Beneficia		ally Owned Following I Transaction(s)		6. Ownership Form: Direct (D)	Beneficial Ownership	
					Code	V A	mount	(A) or (D)	Price				or Indirect I) Instr. 4)	(Instr. 4)
Common	Stock		08/31/2016		A	2	7,777	A \$	50	37,529		]	)	
Reminder: indirectly.	Report on a	separate line fo	r each class of secu	intes beneficially										
	Report on a	separate line fo	Table II - D	erivative Securiti	es Acquire	Person contain the for	ned in t m displ	this forr lays a c or Bene	n are urrer ficiall	not req	uired to re	nformation espond unle ntrol numbe	ss	CC 1474 (9- 02)
indirectly.  1. Title of	2.	3. Transaction	Table II - D	erivative Securiti	es Acquire rrants, op 5. Number	Person contain the form of the	ned in t m displ osed of, overtib	this forr lays a c or Bene ole securi	n are currer ficiall ities)	e not required noting validate of the noting of the noting in the noting	uired to red OMB con	espond unlentrol number	f 10.	02)
indirectly.  1. Title of	2. Conversion	3. Transaction	Table II - D (e  3A. Deemed Execution Da fear) any	erivative Securiti	es Acquire rrants, op 5. Number	Person contain the for ed, Dispetions, co	ned in to m display osed of, envertib Exercise piration	or Bene lays a control of Beneral or Beneral of Beneral sable Date (ear)	ficiallities) 7. Tit Amo Unde	e not req ntly valid	uired to red OMB con	espond unle ntrol numbe	f 10. Ownersh Form of Derivativ Security Direct (I or Indire	11. Naturip of Indire Beneficie Owners! (Instr. 4)

Describer Occurs Name / Address	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
ATKINSON RICHARD K 21211 NORDHOFF STREET CHATSWORTH, CA 91311	X					

### **Signatures**

Clarice Hovsepian, Power of Attorney for Richard Atkinson, Reporting Person	09/01/2016
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.