FORM 4

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

OMB APPROVAL					
DMB Number:	3235-0287				
Estimated averag					
ours per respon	se 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

(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. 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) 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 Person _Form filed by More than One Reporting Person					
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Own					Owned					
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year	Code (Instr. 8)	(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	Amoun	(A) or (D)	Price			(or Indirect I) Instr. 4)	(Instr. 4)
Common	Stock		08/31/2016		A	2	27,777	' A S	\$ 0	71,567])	
Reminder: indirectly.	Report on a	separate line io	each class of secu	The beneficiary		•	ne wh	o rospon	d to	the colle	etion of ir	formation	CI	C 1474 (0
	Report on a	separate line to	Table II - D	Derivative Securiti	es Acquire	Person contain the for ed, Disp	ned in m dis osed o	this for plays a c of, or Bene	m are curre	not req	uired to re d OMB co	nformation espond unle ntrol numbe	ss	EC 1474 (9- 02)
indirectly. 1. Title of	2.	3. Transaction	Table II - D	Derivative Securiti 2.g., puts, calls, wa	es Acquire rrants, op 5. Number	Person contain the for ed, Dispetions, contains, contain	ned in m dis osed o onvert	this form plays a conf, or Bene- ible secur	m arecurre	e not required noting validate of the noting of the noting in the noting	uired to red OMB con	espond unlentrol number	f 10.	11. Natu
1. Title of Derivative Security	2. Conversion	3. Transaction	Table II - D	Derivative Securiti	es Acquire rrants, op 5. Number	Person contain the for ed, Disp tions, contain 6. Date and Ex	ned in m dis osed o onvert e Exerc xpiratio	this form plays a conf, or Bene- ible secur cisable on Date	eficial ities) 7. Ti Amo	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. Nation of Indirection of Indirection (Instr. 4

Describes Occasional 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	09/01/2016
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.