CAPSTONE TURBINE Corp

Form 4

September 06, 2016

FORM 4

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

OMB Number: 3235-0287

Estimated average

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005

OMB APPROVAL

Form 4 or Form 5 obligations may continue.

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

burden hours per response... 0.5

See Instruction 1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person * WILK DARRELL | | | 2. Issuer Name and Ticker or Trading Symbol CAPSTONE TURBINE Corp [cpst] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | |
|--|------------|----------|--|--|--|--|
| (Last) | (First) | (Middle) | 3. Date of Earliest Transaction | (Check all applicable) | | |
| 21211 NORDHOFF STREET | | EET | (Month/Day/Year) 09/01/2016 | X Director 10% Owner Officer (give title below) Other (specify below) | | |
| | (Street) | | 4. If Amendment, Date Original | 6. Individual or Joint/Group Filing(Check | | |
| CHATSWORT | ГН, СА 913 | 11 | Filed(Month/Day/Year) | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | |

| (City) | (State) (A | Table Table | e I - Non-D | erivative Securities Acc | quired, Disposed o | of, or Beneficial | ly Owned |
|-----------------|--------------------------------|------------------|-------------|--------------------------|--------------------|-------------------|--------------|
| 1.Title of | 2. Transaction Date | 2A. Deemed | 3. | 4. Securities Acquired | 5. Amount of | 6. Ownership | 7. Nature of |
| Security | (Month/Day/Year) Execution Dat | | Transactio | n(A) or Disposed of | Securities | Form: Direct | Indirect |
| (Instr. 3) | | any | Code | (D) | Beneficially | (D) or | Beneficial |
| | | (Month/Day/Year) | (Instr. 8) | (Instr. 3, 4 and 5) | Owned | Indirect (I) | Ownership |
| | | | | | Following | (Instr. 4) | (Instr. 4) |
| | | | | (A) | Reported | | |
| | | | | (A) | Transaction(s) | | |
| | | | Code V | or Amount (D) Price | (Instr. 3 and 4) | | |
| Common Stock | 09/01/2016 | | A | 5,915 A \$ 1.69 | 46,683 | D | |

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

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SEC 1474

(9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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| 1. Title of Derivative Security (Instr. 3) | ve Conversion or Exercise | ercise of ative | 4. Transact Code (Instr. 8) | Securitie Acquired (A) or Disposed of (D) | nNumber Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr | |
|--|---------------------------|-----------------------|--------------------------------------|---|--|--------------------|---|---|---|--|
| | | | Code V | 4, and 5) (A) (D) | | Expiration Date | 0 N 0 | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|----------------------------------|---------------|-----------|---------|-------|--|--|
| Transfer and an area and an area | Director | 10% Owner | Officer | Other | | |
| WILK DARRELL | | | | | | |
| 21211 NORDHOFF STREET | X | | | | | |
| CHATSWORTH, CA 91311 | | | | | | |

Signatures

Clarice Hovsepian, Power of Attorney for Darrell J. Wilk, 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.

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