FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL							
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

HENRY DAVID A	. Date of Event lequiring Statement Month/Day/Year) 7/09/2007		3. Issuer Name and Ticker or Trading Symbol AMERICAN SUPERCONDUCTOR CORP / DE/ [AMSC]							
(Last) (First) (Middle) C/O AMERICAN SUPERCONDUCTOR			Relationship of Reporting Perso Check all applicable) Director	10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)				
2 TECHNOLOGY DRIVE			X Officer (give title below)	Other (spec	App	6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) WESTBOROUGH MA 01581			SVP, CFO & Trea	asurer)	-	y One Reporting Person y More than One erson			
(City) (State) (Zip)										
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)			Amount of Securities eneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securit Underlying Derivative Securit		4. Conversion or Exercise Price of	ise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
		Expiration Date	Title	Amount or Number of Shares	Derivative Security	Direct (D) or Indirect (I) (Instr. 5)				

Explanation of Responses:

No securities are beneficially owned.

<u>/s/ David A. Henry</u> <u>07/11/2007</u>

** Signature of Reporting Person Date

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

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (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).