FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, [| D.C. | 20549 |
|---------------|------|-------|
|---------------|------|-------|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

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

| 1. Name and Address of Reporting Person* PARATORE DAVID (Last) (First) (Middle) C/O AMERICAN SUPERCONDUCTOR TWO TECHNOLOGY DRIVE (Street) WESTBOROUGH MA 01581 (City) (State) (Zip) | 3. D 06/2 | 2. Issuer Name and Ticker or Trading Symbol AMERICAN SUPERCONDUCTOR CORP /DE/ [AMSC] 3. Date of Earliest Transaction (Month/Day/Year) 06/23/2005 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | X 6. Indivine) X | call app Direct Office below vidual o Form Pers | cer (give title Other (specify below) President and COO or Joint/Group Filing (Check Applicable m filed by One Reporting Person m filed by More than One Reporting son | | | |
|--|--------------|---|----------|---|--|-----------------------------------|----------------------------|--------------------------------------|----------------|---|------------------|---|--|---|---|--|
| 1. Title of Security (Instr. 3) 2. Train Date (Monti | | | 2A Ex | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. | | | | | | | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | Code | v | Amount | | (A) or (D) | or Price | | Troppostion(s) | | | (11301.4) |
| Common Stock | 06/23/ | /2005 | | | | М | | 45,000 | | A | \$7.49 | | 0 | | D | |
| Common Stock | 06/23/ | 06/23/2005 | | | | M | | 300 | 300 A | | \$3 | \$3.53 | | 0 | D | |
| Common Stock | 06/24/ | 4/2005 | | | | M | | 53,033 A \$ | | \$3 | \$3.53 | | 0 | D | | |
| Common Stock | 06/23/ | 3/2005 | | | | S | | 45,300 | | D | \$8.714 | | 0 | | D | |
| Common Stock | 06/24/ | 2005 | | | S | | 53,033 D \$8 | | \$8.2 | 88.2683 6 | | 2,576 ⁽¹⁾ | D | | | |
| Table II - | | | | | | | | osed of, o | | | | | wned | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise (Instr. 3) Price of Derivative Security 3. Transaction Date (Month/Day/Year) (Month/Day/Year) (Month/E | n Date, | 4. Transa Code (I 8) | | 5. Nu of Deriv Secu Acqu (A) o Dispo of (D) (Instr and 5 | rative rities ired r osed) | Expiration | on Dat | xercisable and n Date ay/Year) | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | Deri Sec | ecivative ecurity nstr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Evaluation of Donnards | | Code | v | (A) | (D) | Date Exercisa | Expiration able Date Title | | or Nu of | nount mber ares | | | | | | |

 $1.\ Following\ all\ the\ transactions\ reported\ on\ this\ Form\ 4,\ the\ reporting\ person\ holds\ 62,576\ shares\ directly.$

/s/ Kevin M. Bisson, Attorney-06/27/2005 in-Fact

** Signature of Reporting Person

Date

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

- * 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.

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.