| SEC Form 4 |  |
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## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| OMB APPRO               | VAL       |
|-------------------------|-----------|
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| 1. Name and Address of Reporting Person* Kosiba John W JR (Last) (First) (Middle) C/O AMERICAN SUPERCONDUCTOR CORPORATION 114 EAST MAIN ST (Street) |         | rson*    | 2. Issuer Name and Ticker or Trading Symbol<br><u>AMERICAN SUPERCONDUCTOR CORP</u><br>/ <u>DE/</u> [ AMSC ] | (Check                                              | tionship of Reporting Pers<br>all applicable)<br>Director<br>Officer (give title | on(s) to Issuer<br>10% Owner<br>Other (specify |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------|--|--|
|                                                                                                                                                     |         | (Middle) |                                                                                                             | Х                                                   | below)                                                                           | below)                                         |  |  |
|                                                                                                                                                     |         |          | 3. Date of Earliest Transaction (Month/Day/Year)<br>06/28/2019                                              |                                                     | SVP, CFO & Treasurer                                                             |                                                |  |  |
|                                                                                                                                                     |         |          | 4. If Amendment, Date of Original Filed (Month/Day/Year)                                                    | 6. Individual or Joint/Group Filing (Check Applicat |                                                                                  |                                                |  |  |
|                                                                                                                                                     |         |          |                                                                                                             |                                                     | Form filed by One Reporting Person                                               |                                                |  |  |
| AYER                                                                                                                                                | MA      | 01432    |                                                                                                             |                                                     | Form filed by More than<br>Person                                                | One Reporting                                  |  |  |
| (City)                                                                                                                                              | (State) | (Zip)    |                                                                                                             |                                                     |                                                                                  |                                                |  |  |

## Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | (Month/Day/Year) if any |  | Execution Date, Transaction |   |                      | Acquired<br>(D) (Instr. |        | 5. Amount of<br>Securities<br>Beneficially<br>Owned Following<br>Reported | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |  |
|---------------------------------|-------------------------|--|-----------------------------|---|----------------------|-------------------------|--------|---------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------|--|--|
|                                 |                         |  | Code                        | v | Amount               | (A) or<br>(D)           | Price  | Transaction(s)<br>(Instr. 3 and 4)                                        |                                                                   | (1130.4)                                                          |  |  |
| Common Stock                    | 06/28/2019              |  | F                           |   | 6,529 <sup>(1)</sup> | D                       | \$9.28 | 185,018 <sup>(2)</sup>                                                    | D                                                                 |                                                                   |  |  |
| Common Stock                    |                         |  |                             |   |                      |                         |        | 3,482 <sup>(3)</sup>                                                      | Ι                                                                 | By<br>401(k)<br>Plan                                              |  |  |

## Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of<br>Derivative<br>Security<br>(Instr. 3) | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Date,<br>if any<br>(Month/Day/Year) | 4.<br>Transa<br>Code (<br>8) |   | of<br>Derivative<br>Securities<br>Acquired<br>(A) or<br>Disposed<br>of (D)<br>(Instr. 3, 4<br>and 5) |  | 6. Date Exerc<br>Expiration Da<br>(Month/Day/Y | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Instr. 3<br>and 4) |       | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s)<br>(Instr. 4) | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |
|-----------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------|------------------------------|---|------------------------------------------------------------------------------------------------------|--|------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------|--|
|                                                     |                                                                       |                                            |                                                             | Code                         | v |                                                                                                      |  | Date<br>Exercisable                            | Expiration<br>Date                                                                                  | Title | Amount<br>or<br>Number<br>of<br>Shares              |                                                                                                                            |                                                                          |                                                                    |  |

Explanation of Responses:

1. Represents 6,529 shares tendered to the company to satisfy the reporting person's tax withholding obligation upon the vesting of shares of restricted stock on June 28, 2019; not an open market transaction.

2. Following all the transactions reported on this Form 4, the reporting person holds 185,018 shares directly.

3. Following all the transactions reported on this Form 4, the reporting person holds 3,482 shares indirectly through the AMSC 401(k) plan as of July 2, 2019.

**Remarks:** 

<u>/s/ John W. Kosiba, Jr.</u>

07/02/2019

Date

\*\* Signature of Reporting Person

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.