FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	VAL				
OMB Number:	3235-0287				
Estimated average burd	en				
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* STANKIEWICZ CHARLES W							2. Issuer Name and Ticker or Trading Symbol AMERICAN SUPERCONDUCTOR CORP /DE/ [AMSC]									of Reporting Pecable) r		10% O	vner		
(Last) (First) (Middle) TWO TECHNOLOGY DRIVE							3. Date of Earliest Transaction (Month/Day/Year) 12/03/2007									X Officer (give title Other (specify below) EVP, AMSC Power Systems					
(Street) WESTBOROUGH MA 01581							4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting					
(City)									Person												
		Tab	le I - No	n-Deriv	ative	Se	curit	ies Ac	quired	, Dis	sposed o	of, or B	enefi	cially	Owned	k					
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Yea		Execution Date,		3. Transa Code (4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4					es ially Following	6. Owners Form: Dire (D) or Indi (I) (Instr. 4	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership				
									Code	v	Amount	(A) o (D)	Pri	ce	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)		
Common	Stock			12/03	12/03/2007				M ⁽¹⁾		202	A \$1		2.063	0			D			
Common Stock 12/03,									M ⁽¹⁾		5,895	A	\$	10.75		0		D			
Common	Stock		3/2007	/2007					6,097	' D	\$	24.75	31,	000(2)		D					
Common												3,414 ⁽³⁾			I	By 401(k) Plan					
		7	able II -								osed of converti				Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deen Executio if any (Month/D	n Date,	4. Transactic Code (Ins		of Deri Sec Acq (A) (Disp	oosed D) tr. 3, 4	6. Date Exercis Expiration Date (Month/Day/Ye		e	7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)		[S	B. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s dly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amo or Num of Sha	nber							
Stock Option (right to buy)	\$12.063	12/03/2007			M ⁽¹⁾			202	(4)		07/06/2008	Common Stock	20)2	\$0	44,798	3	D			
Stock Option (right to	\$10.75	12/03/2007			M ⁽¹⁾			5,895	(5)		04/20/2009	Common Stock	5,8	95	\$0	20,105	5	D			

Explanation of Responses:

buy)

- 1. The stock option exercises and sales reported on this Form 4 were effected pursuant to a Rule 10b5-1 trading plan adopted by the reporting person on November 26, 2007.
- 2. Following all the transactions reported on this Form 4, the reporting person holds 31,000 shares directly.
- 3. Following all the transactions reported on this Form 4, the reporting person holds 3,414 shares indirectly through the company's 401(k) plan as of September 30, 2007.
- 4. The option was fully vested as of July 6, 2003.
- 5. The option was fully vested as of April 20, 2004.

/s/ Charles W. Stankiewicz 12/04/2007

** 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.