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

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1. Name and Address of Reporting Person*  STANKIEWICZ CHARLES W					AN	2. Issuer Name and Ticker or Trading Symbol AMERICAN SUPERCONDUCTOR CORP									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner							
					.   <u>/D</u> .	/DE/ [ AMSC ]									X	Offic	er (give title		Other (specify			
(Last)	(Fi	rst) (	(Middle)		3. D	Date of Earliest Transaction (Month/Day/Year)										belov	,		oelow)			
64 JACKSON ROAD					03/	03/05/2008									EVP, AMSC Power Systems							
(Street)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)							
DEVENS MA 01434															X Form filed by One Reporting Person							
(City)	(St	ate) (	Zip)		-										Form filed by More than One Reporting Person							
				n-Deriv	ative	Se	curitie	es Acc	quired,	Dis	posed o	f, o	r Ber	nefic	ially	Owne	ed					
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					action	Execution Date,					ties Acquired (A) or Of (D) (Instr. 3, 4 and			r	Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount		(A) or (D)	Pric	e		ted action(s) 3 and 4)			(Instr. 4)		
Common Stock 03/05/					5/2008				S <sup>(1)</sup>		4,800		D	\$2	4.16		0	D				
Common Stock 03/05/					5/2008	/2008			S <sup>(1)</sup>	S <sup>(1)</sup>			D	\$2	\$24.17		0	D				
Common Stock 03/05/					5/2008	2008			S <sup>(1)</sup>		100		D	\$2	4.18	51,851 <sup>(2)</sup>		D				
Common Stock																3	,414 <sup>(3)</sup>	I		By 401(k) Plan		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																					
1. Title of Derivative Security (Instr. 3)  2. Conversion or Exercise Price of Derivative Security  2. Conversion Date (Month/Day/Year) Price of Derivative Security  3. Transaction Date (Execution I if any (Month/Day)				Date, Transactio			on of		6. Date Exercisable a Expiration Date (Month/Day/Year)		e	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	(D) irect	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code	Code V (A) (D)				Expiration Date	Amoun or Numbe of Title Shares		ımber	er										

## Explanation of Responses:

- 1. The sales reported on this Form 4 were effected pursuant to a Rule 10b5-1 Plan adopted by the reporting person on November 26, 2007.
- 2. Following all the transactions reported on this Form 4, the reporting person holds 51,851 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 December 31, 2007.

/s/ Charles W. Stankiewicz 03/07/2008

\*\* 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.