FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OM	IB APPROV	AL	
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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*  Maguire James F				Al	2. Issuer Name and Ticker or Trading Symbol AMERICAN SUPERCONDUCTOR CORP /DE/ [ AMSC ]									5. Relationship of Reporting P (Check all applicable) Director				on(s) to Is		
-					-   <u>/D</u>	<u>c/</u> [	AMS	<b>.</b> ]							X	Offic	er (give title		Other below)	(specify
(Last) (First) (Middle) C/O AMERICAN SUPERCONDUCTOR CORP.					3. Date of Earliest Transaction (Month/Day/Year) 10/25/2012										EVP, Gridtec Solutions					
64 JACKSON ROAD				4 If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street) DEVENS MA 01434				4. II Americanent, Date of Original Filed (World#Day/Teal)									ine)	Form filed by One Reporting Person  Form filed by More than One Reporting				on		
(City)	(St	ate) (	Zip)		-											Pers				
		Tabl	e I - No	n-Deriv	ative	Se	curitie	s Ac	quired,	Dis	posed o	f, or	Ben	efici	ally C	)wne	ed			
1. Title of Security (Instr. 3)  2. Transa Date (Month/L				Execution Dat		Date,	3. Transa Code ( 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4				and 5)   Securities Beneficial		ties cially d Following	Form:	Indirect	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	Amount (A)		Price	, l	Transa	action(s) 3 and 4)	n(s) d 4)		(IIISU. 4)	
Common	Stock			10/25	/2012				A		187,000	)(1)	A	\$0	.00	213,756 <sup>(2)</sup> D				
Common Stock															2,380 <sup>(3)</sup>			I	By 401(k) Plan	
		Та									sed of, onvertib					ned				
1. Title of Derivative Security (Instr. 3)	e Conversion or Exercise Price of Derivative Security  Date (Month/Day/Year)  Date (Month/Day/Year)  Execution Date, if any (Month/Day/Year)  Representation of Execution Date, if any (Month/Day/Year)  Execution Date, if any (Month/Day/Year)  Execution Date, if any (Month/Day/Year)		4. Transa Code ( 8)		str. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration (Month/E	6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Exercisable Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)  Amount of Number of Shares		8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ow For Dir or (I)	vnership rm: ect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

## **Explanation of Responses:**

- 1. Grant of restricted stock consisting of 40,000 shares vesting in three equal annual installments beginning May 9, 2013 and ending on May 9, 2015 and 147,000 shares which vest in their entirety upon the attainment of positive cash flow from operations before the fourth quarter of the fiscal year ending March 31, 2015.
- 2. Following all the transactions reported on this Form 4, the reporting person holds 213,756 shares directly.
- 3. Following all the transactions reported on this Form 4, the reporting person holds 2,380 shares indirectly through the company's 401(k) plan as of October 24, 2012.

## Remarks:

<u>/s/ James F. Maguire</u> <u>10/26/2012</u>

\*\* 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.