FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

| Name and Address of Reporting Person* Kosiba John W JR | | | | | | 2. Issuer Name and Ticker or Trading Symbol AMERICAN SUPERCONDUCTOR CORP /DE/ [AMSC] | | | | | | | | | all app Direc | | | erson(s) to Is 10% Ov Other (s | wner |
|--|---|--|---|--|---|--|-----|-----|--|------|---|---|--|---|------------------------|--|---------------|--|--|
| | (Last) (First) (Middle) C/O AMERICAN SUPERCONDUCTOR CORPORATION | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/27/2020 | | | | | | | | | belov | v) `` SVP, CFO | & T | below) reasurer | |
| 114 EAST MAIN ST (Street) | | | | | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | |
| AYER MA 01432 | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (Sta | | Zip) | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | | | | Execution Date | | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5) | | | 4 and Securi Benefi | | ies cially Following | Forn (D) c | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | v | Amount | (A) (D) | or Price | Transa | | ction(s) 3 and 4) | | | (|
| Common Stock 07/27/2 | | | | | 2020 | 020 | | | F | | 5,228(1) | [| \$9. | .74 | 275,768 ⁽²⁾ | | | D | |
| Common Stock | | | | | | | | | | | | | | 4 | | ,802 ⁽³⁾ | | 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) | Derivative Conversion Date Security or Exercise (Month/Day/Ye | | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transaction Code (Instr. 8) | | of | | 6. Date Exerci Expiration Da (Month/Day/Yo | | ite | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amount or Number of Shares | | | | | | |

Explanation of Responses:

- 1. Represents 5,228 shares surrendered to the Company to satisfy the reporting person's tax withholding obligation upon the vesting of shares of restricted stock on July 27, 2020; not an open market
- 2. Following all the transactions reported on this Form 4, the reporting person holds 275,768 shares directly.
- 3. Following all the transactions reported on this Form 4, the reporting person holds 4,802 shares indirectly through the Company's 401(k) plan as of July 29, 2020.

Remarks:

/s/ John W. Kosiba, Jr.

07/29/2020

** 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.