FORM 3

ONE EXECUTIVE DRIVE

NJ

07024

**SUITE 160** 

FORT LEE

(Street)

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL OMB Number: 3235-0104 Estimated average burden hours per response: 0.5

											Tiours pe	er response.	0.5
						16(a) of the Securities Exchange the Investment Company Act of							
Name and Address of Reporting Person*     Requiring State				. Date of Event lequiring Staten Month/Day/Year	3. Issuer Name and Ticker or Trading Symbol ACTIVE POWER INC [ ACDW ]								
(Last) (First) (Middle) ONE EXECUTIVE DRIVE						Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director X 10% Owner				5. If Amendment, Date of Original Filed (Month/Day/Year)			
SUITE 160  (Street) FORT LEE NJ 07024			_			Officer (give title below)		Other (specify below)		6. Individual or Joint/Group Filing (Check Applicable Line)  Form filed by One Reporting Person  X Form filed by More than One Reporting Person			
(City)	(State)	(Zip)									reporting		
			T	able I - Non	-Derivat	ive Securities Benefici	ally	Owned					
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)  3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)			ct (D)	4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Common Stoc	Common Stock					8,130,107		D <sup>(1)</sup>					
			(e.g	Table II - D J., puts, call	erivativo Is, warra	e Securities Beneficiall Ints, options, convertib	ly O	owned securitie	s)				
Exp (Mo			2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4			4. Conversion or Exercise Price of		5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiration Date	n Title		Amount or Number of Shares	Deriva Secur	tive	or Indirect (I) (Instr. 5)			
1. Name and Add	dress of Reporting												
(Last) ONE EXECU SUITE 160	(First) TTIVE DRIVE	•	1iddle)										
(Street) FORT LEE	NJ	07	7024										
(City)	(State)	(Z	ip)										
1. Name and Add	dress of Reporting												
(Last) ONE EXECU SUITE 160	(First) TTIVE DRIVE	-	1iddle)										
(Street) FORT LEE	NJ	07	7024										
(City)	(State)	(Z	ip)										
1. Name and Add Shah Tusha		g Person*											
(Last) (First) (Middle)													

(City)	(State)	(Zip)				
1. Name and Address of Reporting Person* <u>CLEARMAN STEPHEN J</u>						
(Last) ONE EXECUTIV SUITE 160	(First) YE DRIVE	(Middle)				
(Street) FORT LEE	NJ	07024				
(City)	(State)	(Zip)				

## **Explanation of Responses:**

1. Mr. Tushar Shah and Mr. Stephen J. Clearman are the co-managing members of the Kinderhook GP, LLC (the "General Partner") responsible for making investment decisions with respect to Kinderhook Partners, L.P. ("the Partnership") and, as a result, Mr. Shah and Mr. Clearman may be deemed to control such entities. Accordingly, Mr. Shah and Mr. Clearman may be deemed to have a beneficial interest in the shares of Common Stock by virtue of their indirect control of the Partnership's and the General Partner's power to vote and/or dispose of the shares of Common Stock. Mr. Shah and Mr. Clearman disclaim beneficial ownership of the shares of Common Stock except to the extent of their respective pecuniary interest, if any, therein.

/s/ Stephen J. Clearman, Managing Member of Kinderhook Partners, L.P.	11/28/2011
/s/ Stephen J. Clearman, Managing Member of Kinderhook GP, LLC	11/28/2011
/s/ Tushar Shah	11/28/2011
/s/ Stephen J. Clearman	11/28/2011
** Signature of Reporting Person	Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 5 (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.