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

(Print or Type Perponses)

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)											
1. Name and Address of Reporting ARZBAECHER ROBERT	2. Issuer Nam ACTUANT			0	Symbo	ol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) 				
(Last) (First) 6100 NORTH BAKER RO	3. Date of Earli 04/25/2005	est Transa	ction	(Month/I	Day/Ye	ear)	X Officer (give title below) Other (specify below) President and CEO				
(Street) MILWAUKEE, WI 53209	4. If Amendme	nt, Date O	rigina	al Filed(Mo	onth/Day	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State)	(Zip)		Table I -	Non-	Derivativ	e Seci	urities A	cquired, Disposed of, or Bene	ficially Own	ed	
1.Title of Security (Instr. 3)			Disposed of (D) Be 3, 4 and 5) For Tr		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		Beneficial Ownership				
			Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	or Indirect (I) (Instr. 4)	(iiistr. 4)	
Class A Common Stock	04/25/2005		Р		2,421	А	\$ 42.3	12,720 (1)	Ι	By 401(k)	
Class A Common Stock	04/25/2005		Р		350	А	\$ 43.12	1,950	Ι	By IRA	
Class A Common Stock								30,000	Ι	By Family Limited Partnership	
Class A Common Stock								1,100	Ι	By family (2)	
Class A Common Stock								1,200	Ι	By Spouse	
Class A Common Stock								663 (3)	Ι	By Deferred Compensation Plan	
Class A Common Stock								289,070	D		

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

Persons who respond to the collection of information SEC 1474 (9-02) contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

	(e.g., puts, calls, warrants, options, convertible securities)													
1. Title of	2.	3. Transaction	3A. Deemed	4.	5.		6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transaction	Nur	Number and Expiration Date A		Amo	unt of	Derivative	Derivative	Ownership	of Indirect	
Security	or Exercise	(Month/Day/Year)	any	Code	of		(Month/Day	/Year)	Unde	rlying	Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Der	ivative			Secur	rities	(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				Sec	urities			(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security				Acq	uired			4)			Following	Direct (D)	
					(A)	or						Reported	or Indirect	
					Dis	posed						Transaction(s)	(I)	
					of (1							(Instr. 4)	(Instr. 4)	
					· ·	tr. 3,								
					4, a	nd 5)								
										Amount				
							Date	Empiration		or				
							Exercisable	Expiration	Title	Number				
							Exercisable	Date		of				
				Code V	(A)	(D)				Shares				

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			

ARZBAECHER ROBERT C 6100 NORTH BAKER ROAD MILWAUKEE, WI 53209	X		President and CEO	
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Signatures

Eric Orsic, as Attorney-in-Fact for Robert C. Arzbaecher	04/27/2005
Signature of Reporting Person	Date

Explanation of Responses:

- * 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).
- (1) Best estimate of shares held pursuant to Actuant 401(k) Plan.
- (2) Owned by daughters.
- (3) Best estimate of shares held pursuant to Actuant Corporation Deferred Compensation Plan.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.