## FORM 4

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

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).

#### 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

1 Name ar																	
1. Name and Address of Reporting Person * KOBYLINSKI BRIAN					2. Issuer Name and Ticker or Trading Symbol ACTUANT CORP [ATU]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
,	(Last) (First) (Middle) N86 W12500 WESTBROOK CROSSING					3. Date of Earliest Transaction (Month/Day/Year) 10/27/2015					X_ Office	X Officer (give title below) Other (specify below)  Exec. VP - Industrial					
(Street) MENOMONEE FALLS, WI 53051				4. If	4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				Line)			
(City	)	(State)		(Zip)			Table I	- Non	-Derivativ	ve Sec	urities A	cquired, Disp	osed of, or I	Beneficially Ow	ned		
1.Title of Security (Instr. 3)			2. Transac Date (Month/D	ay/Year)	any	med on Date, if Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Beneficially ( Following Re Transaction(s	Owned eported	Form: Direct (D	p Indirect Beneficia Ownersh	Beneficial Ownership	
							Code	V	Amount	(A) or (D)	Price	(Instr. 3 and 4	<del>1</del> )	or Indirec (I) (Instr. 4)	t (Instr. 4)		
Class A	Common S	Stock	10/27/20	015			P		30,000	A	\$ 21.14 (1)	127,441		D			
Class A	Common S	Stock										652 <sup>(2)</sup>		I	By 401	(k)	
Class A	Common S	Stock										2,842 (3)		I	By Def		
															Compe	nsation	
Reminder:	Report on a s	separate lii	ne for each		II - Deriv	vative Secu	ırities Ac	quire	Persons contained the form	who id in the display	nis form ays a cu or Benef	to the collect are not requirently valid	uired to res OMB cont	pond unless	1	74 (9-02)	
1. Title of	•	3. Transa	ction Day/Year)	Table 3A. Deen Execution any	II - Deriv (e.g.,) ned n Date, if	vative Secu puts, calls 4.	nrities Ac , warrant	quires, operative artive sed	Persons containe the form	who in the displayed of, overtible kercisa	or Benefice securional securiona	to the collect are not requirently valid	OMB cont	pond unless	1	74 (9-02) 11. Natiof Indire Benefic	

#### **Reporting Owners**

	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
KOBYLINSKI BRIAN N86 W12500 WESTBROOK CROSSING MENOMONEE FALLS, WI 53051			Exec. VP - Industrial		

### **Signatures**

/s/ Eric Orsic, as Attorney-in-Fact		10/28/2015
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**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).
- The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from \$20.97 to \$21.30. The undersigned (1) undertakes to provide Actuant Corporation ("Actuant"), any security holder of Actuant or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares purchased at each separate price within the ranges set forth in footnote (1) to this Form 4.
- Represents the best estimate of the number of share equivalents held by the person in the unitized stock fund of the Actuant 401(k) Plan. The unitized stock fund consists of
- (2) stock of Actuant and cash and other short term investments. The number of Actuant share equivalents fluctuates depending on the ratio of the number of shares of stock of Actuant in the fund to other investments.
- (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.