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

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

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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 and Address of Reporting Dillon Ricky T	2. Issuer Nam ACTUANT			-	Symbo		5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) (First) C/O ACTUANT CORPOR W12500 WESTBROOK CI	3. Date of Earl 12/27/2018	iest Transa	ction	(Month/I	Day/Ye		X_Officer (give title below) Other (specify below) Executive Vice President - CFO						
(Street) MENOMONEE FALLS, W	4. If Amendme	nt, Date O	rigin	al Filed(M	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-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1.Title of Security (Instr. 3)	Date (Month/Day/Year)		Date, if Transaction Code		4. Securi (A) or D (Instr. 3,	ispose 4 and	d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect	Beneficial Ownership			
			Code	v	Amount	(A) or (D)	Price		(I) (Instr. 4)				
Class A Common	12/27/2018		F		3,562	D	\$ 20.85	31,503	D				
Class A Common Stock								703	Ι	401(k) (<u>1</u>)			
Class A Common Stock								397	I	Deferred Compensation (2)			

Reminder: Report on a separate line for each class of securities beneficially owned direct	ctly or indirectly.	
	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 control number.	SEC 1474 (9-02)

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

	(e.g., puts, calls, warrants, options, convertible securities)														
1. Title of			3A. Deemed	4.		5.		6. Date Exer					9. Number of		11. Nature
Derivative	Conversion	Date	Execution Date, if	Transactio	on	Numb	ber	and Expirati	on Date	Amou	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)	Derivative				Secur	rities	(Instr. 5)	Beneficially	Derivative	Ownership	
	Derivative					Securities				(Instr	. 3 and		Owned	Security:	(Instr. 4)
	Security					Acqui	ired			4)			Following	Direct (D)	
						(A) 01	ſ						Reported	or Indirect	
						Dispo	sed						Transaction(s)	(I)	
					of (D)							(Instr. 4)	(Instr. 4)		
					(Instr. 3,										
					4, and 5)										
											Amount				
								Date	Expiration		or				
								Exercisable		Title	Number				
								Excicisable	Date		of				
				Code	V	(A)	(D)				Shares				

Reporting Owners

	Relationships								
Reporting Owner Name / Address	Director	10% Owner	Officer	Other					
Dillon Ricky T C/O ACTUANT CORPORATION N86 W12500 WESTBROOK CROSSING MENOMONEE FALLS, WI 53051			Executive Vice President - CFO						

Signatures

**Signature of Reporting Person



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).
- 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 (1) 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.
- (2) 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.