## 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

(Print or Ty	pe Response	s)														
1. Name and Address of Reporting Person * Bolens Barbara					2. Issuer Name and Ticker or Trading Symbol ACTUANT CORP [EPAC]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)Director10% Owner				
(Last) (First) (Middle) N86W12500 WESTBROOK CROSSING					3. Date of Earliest Transaction (Month/Day/Year) 10/29/2019						X Officer (give title below) Other (specify below)  EVP&Chief Strategy Officer					
(Street)				4.	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					
MENOM	IONEE FA	ALLS, WI 5	3051								-	Form file	d by More than	One Reporting	rerson	
(City	(City) (State) (Zip)				Table I - Non-Derivative Securities Acqu						Acquir	nired, Disposed of, or Beneficially Owned				
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Y	ear) Ex	A. Deemed Execution Date, if	if Cod (Inst	f Code (Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		of (D)	Beneficia Reported	nt of Securities ally Owned Following I Transaction(s)		Form:	7. Nature of Indirect Beneficial
				(M	Ionth/Day/Yea		ode	V Am	ount	(A) or (D)	Price	(Instr. 3 a	nd 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
GI A	Common S	Stock	10/29/2019			]	F	830	)	D S	\$ 24.80	15,981			D	
			or each class of	securitie	es beneficially	owned (	F	Persons containe	who d in	respo	nd to t	not requ		pond unle	ss	1474 (9-02)
				II - Der	rivative Secur	ities Ac	F c t	Persons containe the form	who d in disp	responding this follows a	nd to the mare current	not requ itly valid	ired to res		ss	1474 (9-02)
Reminder:	Report on a s	3. Transaction	Table on 3A. Dee Execution (Year) any	II - Der (e.g. ned n Date, i		ities Ac	rquirects, opti	Persons containe the form	who din a disp	o responding this for blays a control of the secundary sable in Date	nd to the mare current eficially rities)  7. Tit Amo Unde Secur (Instruction 4)	not requestly valid  y Owned  tle and ount of erlying	OMB conf	pond unle	of 10. Owners Form of Derivat Security Direct ( or Indir	11. Naturof Indire Benefici (Owners) (Instr. 4)

#### **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Bolens Barbara N86W12500 WESTBROOK CROSSING MENOMONEE FALLS, WI 53051			EVP&Chief Strategy Officer			

### **Signatures**

/s/Alisa Jablonski, Attorney-in-Fact	10/31/2019
**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).

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.