## 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 *- ARZBAECHER ROBERT C      |                 |                         |                       |               | 2. Issuer Name and Ticker or Trading Symbol ACTUANT CORP [ATU] |           |       |         |   |  |                | 5  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)X Director10% Owner   |         |  |  |  |  |  |           |
| (Last) (First) (Middle) ACTUANT CORP, N86 W12500 WESTBROOK CROSSING |                 |                         |                       |               | 3. Date of Earliest Transaction (Month/Day/Year) 09/17/2015    |           |       |         |   |  |                |  | X Officer (give title below) Other (specify below)  President and CEO  |         |  |  |  |  |  |           |
| (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)                 | 1 33031               | (Zip)         |  |           | Т     | able I  | - Nor   | -Der   | rivative       | Secur  | ities A  | Acquir  | ed, Disp                               | osed of, or I  | Benefic                                    | cially Ow  | ned  |           |
| 1.Title of Security<br>(Instr. 3)                                   |                 | Date (Month/Day/Year) a |                       | Execution     | 2A. Deemed<br>Execution Date,<br>any<br>(Month/Day/Yea         |           | Code  |         | 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |  |                | 5. Amount of Securities<br>Beneficially Owned Following<br>Reported Transaction(s)<br>(Instr. 3 and 4) |  |         | wing                                   | Form:<br>Direct (D)                                  | 7. Nature of Indirect Beneficial           |  |  |           |
|   |                 |                         |                       |               |  |           |       | Code    | ν   | Ar   | mount          | (A) or<br>(D)  | Price  |         |  |  | (  | (I)<br>(Instr. 4)  |  |           |
| Class A   | Common S        | Stock                   | 09/17/2               | 2015          |  |           |       | M       |   | 70   | 0,256          | D  | \$ 0   | 0       |  |  | ]  | I  | By Def<br>Compe  |           |
| Class A   | Common S        | Stock                   | 09/17/2               | 2015          |  |           |       | M       |   | 70   | 0,256          | A  | \$ 0   | 160     | ,470                                   | )  |  | D  |  |           |
| Class A Common Stock  |                 |                         |                       |               |  |           |       |         |   |  |                |  | 43,1   | 155 (1) |  | ]  | I  | By 401   | (k)  |           |
| Class A Common Stock  |                 |                         |                       |               |  |           |       |         |   |  |                |  | 2,200  |         | ]                                      | I  | By Fan                                     | nily (2)   |  |           |
| Class A Common Stock  |                 |                         |                       |               |  |           |       |         |   |  |                |  | 11,900   |         | ]                                      | I  | By IRA                                     | 1  |  |           |
| Class A   | Common S        | Stock                   |                       |               |  |           |       |         |   |  |                |  |  | 2,40    | 00                                     |  | ]  | I  | By Spo   | ouse      |
| Reminder:   | Report on a s   | separate lin            | ne for each           | n class of se | ecurities l  | beneficia | lly c | owned o | lirect  | ly or  | indirec        | tly.   |  |         |  |  |  |  |  |           |
|   |                 |                         |                       |               |  |           |       |         |   | cont   | tained         | in this  | s form   | n are   | not requ                               | ction of inf<br>uired to res<br>OMB cont             | spond                                      | unless   | SEC 147  | 74 (9-02) |
|   |                 |                         |                       | Table I       |  |           |       |         |   |  |                |  |  |         | y Owned                                |  |  |  |  |           |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                 | Conversion Date |                         | Day/Year) Execution I |               | ed<br>Date, if   | 1         |       | 5.      |   | 6. Date Exercisable and Expiration Date (Month/Day/Year) |                | le<br>ite<br>)   | 7. Title and<br>Amount of<br>Underlying<br>Securities<br>(Instr. 3 and<br>4)   |         | (Instr. 5)                             | Deriva<br>Securi<br>Benef<br>Owne<br>Follow<br>Repor | ative ities icially id wing rted action(s) | Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4) | 11. Natur<br>of Indire<br>Beneficia<br>Ownersh<br>(Instr. 4) |           |
|   |                 |                         |                       |               |  | Code      | V     | (A)     | (D)   | Date<br>Exer   | e<br>ercisable |  | ration   |         | Amount<br>or<br>Number<br>of<br>Shares |  |  |  |  |           |

### **Reporting Owners**

|   | Relationships |              |                   |       |  |  |  |  |
|---|---------------|--------------|-------------------|-------|--|--|--|--|
| Reporting Owner Name / Address  | Director      | 10%<br>Owner | Officer           | Other |  |  |  |  |
| ARZBAECHER ROBERT C<br>ACTUANT CORP<br>N86 W12500 WESTBROOK CROSSING<br>MENOMONEE FALLS, WI 53051 | X             |              | President and CEO |       |  |  |  |  |

#### **Signatures**

| /s/ Eric Orsic, as Attorney-in-Fact | 09/21/2015 |
|-------------------------------------|------------|
| **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).
- 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) Owned by daughters.

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.