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* Axline William					2. Issuer Name and Ticker or Trading Symbol ACTUANT CORP [ATU]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last) (First) (Middle) 13000 WEST SILVER SPRING DRIVE					3. Date of Earliest Transaction (Month/Day/Year) 10/09/2008							X Officer (give title below) Other (specify below) Executive VP, Electrical				
(Street) BUTLER, WI 53007				4. If A	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person					
(City	')	(State)	(Zip)			Tal	ble I - No	on-De	rivative S	Securities	Acqui	red, Disp	osed of, or I	Beneficially O	wned	
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)			(Instr. 8)		(A) or Disposed of (Instr. 3, 4 and 5)		of (D)			following (s)	wnership orm:	7. Nature of Indirect Beneficial Ownership		
				(IVIOIII	ш/ Дау/ Те	cai)	Code	V	Amour	(A) or (D)	Price	(msu. 3 a	iid 4)	0 (1	r Indirect	
Class A	Common S	Stock	10/09/2008				P		13,78	2 A	\$ 18	13,782		I		By Trust
Class A	Common S	Stock	10/10/2008				P		14,17	5 A	\$ 17	27,957		I		By Trust
	Tepon on a	oparate into 1	or each class of secu Table II -	Deriva	tive Secu	ritie	es Acqui	Person the	sons whatained in form dis	o respon this for splays a	rm are curre	not requ ntly valid		ormation spond unless trol number.		1474 (9-02)
1 Tid C	12	2 T		`	uts, calls,			-			T	411	8. Price of	9. Number of	10.	11. Natu
1. Title of Derivative Security (Instr. 3)		3. Transaction Date (Month/Day/Y	Year) Execution Da	ate, if	te, if Transaction Code Year) (Instr. 8)	() () ()		and (Mo	and Expiration Date (Month/Day/Year)		Amo Und Secu	itle and bunt of erlying urities r. 3 and		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Ownership Form of Derivative Security: Direct (D) or Indirect	of Indirect Beneficia Ownersh (Instr. 4)
												Amount				

Reporting Owners

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Axline William 13000 WEST SILVER SPRING DRIVE BUTLER, WI 53007			Executive VP, Electrical			

Signatures

/s/ Eric Orsic, as Attorney-in-Fact	10/15/2008
**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.