# FORM 4

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

OMB APPROVAL

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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 Responses	s)																	
1. Name and Address of Reporting Person * PETERSON ROBERT A				2. Issuer Name and Ticker or Trading Symbol ACTUANT CORP [ATU]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner							
(Last) (First) (Middle) 13000 WEST SILVER SPRING DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 01/14/2011									e title below)		her (specify be	elow)			
(Street)				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								
BUTLER, WI 53007 (City) (State) (Zip)				Table I - Non-Derivative Securities Acqu															
(Instr. 3) Date			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Data any (Month/Day/Y		d Date, if	3. Tr	Transaction		4. Securities Acquire (A) or Disposed of (Instr. 3, 4 and 5)		nired of (D)	fred 5. Amo Owned Transac		Amount of Securities Beneficially wned Following Reported ansaction(s)			of In Bene	7. Nature of Indirect Beneficial Ownership
				(Month	/Day	y/ y ear)	C	ode	V	Amount	(A) or (D)	Price	(Instr. 3 and 4)			Direct (D) or Indirect (I) (Instr. 4)			
Class A Common Stock 01/14/			01/14/2011	A 1,500 A (2)			(2)	5,900			D								
Class A (	Common S	tock									16,400				I	By I	IRA		
Class A Common Stock													3,000 (3)				I	By for Ben of S	
Class A Common Stock												3,000 (3)			I	for Ben of	Trust nefit nghter		
Reminder:	Report on a s	eparate line for each						P ir d	erson this lisplay	is who form ai is a cui	re not re	equired valid O	d to re	espond ontrol n	of informat unless the umber.		ned SE	C 1474	1 (9-02)
			Table II -	(e.g., pu		alls, wa	rran	ts, opti	ons, co	nvertib	le securi	ities)				T			
1. Title of Derivative Security (Instr. 3)	le of 2. 3. Transaction Date Secution Date, if Transaction Code Secutive Of Expiration any San Deemed Execution Date, if Transaction Code Secution Date Security Security Security Security Security Security Security Security Security Secution Date Security		ation D	n Date of Un ay/Year) Secur			Underlying I surities Str. 3 and 4)			9. Number Derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	Owner Form Deriva Securi Direct or Ind	rship of lative ty: (D) irect	11. Nature of Indirect Beneficial Ownership (Instr. 4)						
				Code	v	(A)	(D)	Date Exerci	isable	Expir Date	ation	Title	]	Amount or Number of Shares					
Director Stock Option (right to buy) (4)	\$ 27.77	01/14/2011		A		5,400		12/14	4/201	1 01/1	4/2021	Clas Comi Sto	mon	5,400	\$ 0	5,400	D	,	

## **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
PETERSON ROBERT A 13000 WEST SILVER SPRING DRIVE BUTLER, WI 53007	X						

### **Signatures**

/s/ Eric Orsic, as Attorney-in-Fact	01/19/2011
**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)
- (1) Restricted stock units granted under the Actuant Corporation 2009 Omnibus Incentive Plan.
- (2) Not applicable.
- (3) The reporting person disclaims beneficial ownership of the shares held by the trust.
- (4) Option granted under the Actuant Corporation 2009 Omnibus Incentive 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.