FORM 4

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

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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 Type	e Responses)																	
1. Name and Address of Reporting Person * Grissom Sheri					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) N86 W12500 WESTBROOK CROSSING					3. Date of Earliest Transaction (Month/Day/Year) 01/04/2012								X Officer (give title below) Other (specify below) VP Human Resources					
(Street) MENOMONEE FALLS, WI 53051				4. If Am	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					
(City)		(State)	(Zip)		Table I - Non-Derivative Securities Acqu						Acquired, I	equired, Disposed of, or Beneficially Owned						
1.Title of Sec (Instr. 3)	curity		2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/De	Date,	if Coo (Ins	Transaction de (A) or Disposed of (D) (Instr. 3, 4 and 5) Sense Repo		Beneficia Reported (Instr. 3 a	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			7. Nature of Indirect Beneficial Ownership ct (Instr. 4)					
Class A Co	ommon Sto	ock	01/04/2012				P		2,136	A	\$ 23.27	19,730	19,730		D			
Class A Co	ommon Sto	ock										880 (1)			I	By 401	By 401(k)	
Class A Co	ommon Sto	ock										1,066 (2)			I	By Deferred Compensation Plan		
			Table 1					in a quired,	this for current Dispose	rm are n ly valid ed of, or l	ot req OMB (quired to re control nu- cially Owne	espond ι mber.		on contained form displays		74 (9-02)	
1 77'-1 6	I _a	2 77 - 1	24.5		ıts, ca					ertible s				lo. D.:	0.37 1 6	10	11.37.	
1. Title of Derivative Security (Instr. 3)	ative Conversion Date Execution Date, if Transaction of Expiration Date ity or Exercise (Month/Day/Year) any Code Derivative (Month/Day/Year)		of Underlying Securities (Instr. 3 and 4) Derivative Security (Instr. 5) Be Ov Fo Re Tr. (In		9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershij (Instr. 4)											
				Code	V	(A)	(D)	Date Exerc	isable	Expiration Date	on	Title	Amount or Number of Shares					
Employee Stock Option (Right to Buy) (3)	\$ 23.4	01/10/2012	2	A		2,136	5	01/10	0/2017	01/10/2	2022	Class A Common Stock	2,136	\$ 0	2,136	D		

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Grissom Sheri N86 W12500 WESTBROOK CROSSING MENOMONEE FALLS, WI 53051			VP Human Resources				

Signatures

/s/ Eric Orsic, as Attorney-in-Fact	01/12/2012
**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 reporting person in the unitized stock fund of the Actuant 401(k) Plan. The unitized stock fund consists of stock (1) 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.
- (3) 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.