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 Response	s)																	
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) 10/10/2012							X Officer (give title below) Other (specify below) VP Human Resources							
(Street)					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						
MENOMONEE FALLS, WI 53051 (City) (State) (Zip)					Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned														
1.Title of Security (Instr. 3)		Date Ex (Month/Day/Year) and		Execution any	A. Deemed xecution Date, if		Code		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)			6. Ownership Form: Direct (D)	7. Nature Indirect Beneficia	1		
							, ,	V	or		(1113	.,			(I) (Instr. 4)	(111011 1)			
Class A Common Stock		10/10/2012				P			1,811	A	\$ 27.97	23,	23,296			D			
Class A Common Stock		10/10/2012				P			15	A	\$ 27.91	23,	23,311			D			
Class A Common Stock												1,2	1,236 (1)			I	By 401	(k)	
Class A Common Stock									6		6,2	6,289 (2)			I	By Defe Comper Plan			
Reminder:	Report on a s	separate lin	e for each			oeneficially			P c th	ersons v ontained ne form o	vho r I in th	nis forn ays a c	n are urren	not requ tly valid	ction of inf ired to res OMB cont	pone	d unless	SEC 147	74 (9-02)
1 Title of	2	2 Transac	ation	3A. Deem		outs, calls,		ıts, o						tle and	9 Dries of	0. No	umbar of	10.	11. Nature
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security 3. Transac Date (Month/D		Execution Da Day/Year) (Month/Day/		Date, if	r, if Transaction Number of		e e	and Expiration Date (Month/Day/Year)		Amo Unde Secur	unt of erlying rities r. 3 and	(Instr. 5) Bei Ow Fol Rej Tra		rivative curities neficially rned lowing ported insaction(s)	Ownership Form of Derivative Security: Direct (D) or Indirect	of Indirect Beneficial Ownership (Instr. 4)			
						Code	V (A)	(D)	F	Date Exercisabl		piration te	Title	Amount or Number of Shares					

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	10/12/2012		
**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 (1) consists of 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) Best estimate of shares held pursuant to Actuant Corporation Deferred Compensation 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.