FORM 4

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

OMB APPROVAL

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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	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)Director10% Owner					
N86 W12500 WESTBROOK CROSSING					3. Date of Earliest Transaction (Month/Day/Year) 10/15/2012							X	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)							_X_ Fo	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)			т	ahle l	I - Non	-Deriva	tive Secu	ities /	Acquired T	Disnosed (of or Renet	ficially Owned			
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)			2A. Deemed 3. 7 Execution Date, if Coorany (Instance)			3. Transaction Code Instr. 8)		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ired	5. Amount of Securities Ben Owned Following Reported Transaction(s) (Instr. 3 and 4)		ities Benefic	cially 6. Ownersh Form: Direct (I	6. 7. Nature of Indirect Beneficial Ownership or Indirect (D) Ownership or Indirect (I)			
Class A Co	ommon Ste	ock										23,311			D			
Class A Co	ommon Ste	ock										1,236 (1)	1,236 (1)			By 401	By 401(k)	
Class A Common Stock											6,289 ⁽²⁾			I	1 2	By Deferred Compensation Plan		
			Table I					a c	current Dispose	ly valid C d of, or B	MB c	ially Owne	mber.	inless the	form display	S		
1. Title of Derivative Security (Instr. 3) 2. Conversion Date or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Yea		3A. Deemed Execution Date, any (Month/Day/Ye	4. Transa Code	4. 5. Transaction of Code De Code No (Instr. 8) Se Ac (A Di of (Instr. 8) Se Code No (In		Number		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and of Underlyin Securities (Instr. 3 and	ng 4)		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. Natur of Indirec Beneficia Ownershi (Instr. 4)		
				Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	n ,	Title	Amount or Number of Shares					
Employee Stock Option (Right to Buy) (3)	\$ 28.05	10/15/2012	2	A	1	,826		10/15	5/2017	10/15/20		Class A Common Stock	1,826	\$ 0	1,826	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	10/17/2012
**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.