## FORM 4

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

| OMB APPROVAL             |           |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|
| OMB Number:              | 3235-0287 |  |  |  |  |  |
| Estimated average burden |           |  |  |  |  |  |
| ours 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)   |  |  |   |                                   |                   |                                      |        |                |  |   |  |   |  |       |   |                            |
|---|-------------|--|--|--|---|-----------------------------------|-------------------|--------------------------------------|--------|----------------|--|---|--|---|--|-------|---|----------------------------|
| Name and Address of Reporting Person *  Van Deursen Holly |             |  |  | 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 |   |  |       |   |                            |
| N86 W12500 WESTBROOK CROSSING                             |             |  |  |  | 3. Date of Earliest Transaction (Month/Day/Year) 01/14/2013 |                                   |                   |                                      |        |                |  |   |  | Officer (give   | e title below)   | Oth   | er (specify belo  | ow)                        |
| (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 |  |   |  |       |   |                            |
| MENOMONEE FALLS, WI 53051 (City) (State) (Zip)            |             |  |  | Table I - Non-Derivative Securities Acqui                      |   |                                   |                   |                                      |        |                |  | ired, Disposed of, or Beneficially Owned  |  |   |  |       |   |                            |
| (Instr. 3) Da   |             | 2. Transaction<br>Date<br>(Month/Day/Year) | 2A. Deemed<br>Execution D<br>any<br>(Month/Day |  | d<br>Date, if   | 3. Transact<br>Code<br>(Instr. 8) |                   |                                      |        | uired          | 5. Amount of Securities Beneficially<br>Owned Following Reported<br>Transaction(s)<br>(Instr. 3 and 4) |   | eneficially<br>d   | 6.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect | 7. Nature of Indirect Beneficial Ownership   |       |   |                            |
|   |             |  |  |  |   |                                   | C                 | ode                                  | V      | Amount         | (A) or (D)   | Price   |  |   |  |       | (I)<br>(Instr. 4)   | (Instr. 4)                 |
| Class A   | Common S    | Stock                                      | 01/14/2013                                     |  |   |                                   |                   | A                                    |        | 2,265          | A  | <u>(2)</u>  | 11,5   | 33  |  |       | D   |                            |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)       |             |  | 3A. Deemed<br>Execution Date, if               | 4.<br>Transac<br>Code  | tion  | alls, wa                          | rran tive ties ed | Expiration Date (Month/Day/Year) s i |        |                | re not re<br>rently v<br>or Bene<br>le securi  | valid OMB control n   |  |   | 8. Price of Derivative Security (Instr. 5)  8. Price of Derivative Security Following Reported Transactic (Instr. 4) |       | f 10.<br>Owners<br>Form of<br>Derivat<br>Security<br>Direct (<br>or Indir | Ownershi (Instr. 4) D) ect |
|   |             |  |  | Code   | V   | (A)                               | (D)               |                                      | isable | Expira<br>Date | ation  | Title   |  | Amount<br>or<br>Number<br>of<br>Shares                |  |       |   |                            |
| Director<br>Stock<br>Option<br>(Right<br>to Buy)          | \$ 28.7     | 01/14/2013                                 |  | A  |   | 3,327                             |                   | 12/14                                | 4/201: | 3 01/14        | 4/2023   | Clas<br>Com<br>Sto  | mon  | 3,327   | \$ 0   | 3,327 | D   |                            |

### **Reporting Owners**

|   | Relationships |              |         |       |  |  |  |
|---|---------------|--------------|---------|-------|--|--|--|
| Reporting Owner Name / Address  | Director      | 10%<br>Owner | Officer | Other |  |  |  |
| Van Deursen Holly<br>N86 W12500 WESTBROOK CROSSING<br>MENOMONEE FALLS, WI 53051 | X             |              |         |       |  |  |  |

### **Signatures**

| /s/ Eric Orsic, as Attorney-in-Fact | 01/16/2013 |
|-------------------------------------|------------|
| 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) 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.