FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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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 * Pauli Matthew					2. Issuer Name and Ticker or Trading Symbol ACTUANT CORP [ATU]							Direct	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) 13000 WEST SILVER SPRING DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 01/14/2013						X_ Office	X Officer (give title below) Other (specify below) Corporate Controller							
(Street) BUTLER, WI 53007				4. If	4. If Amendment, Date Original Filed(Month/Day/Year)							_X_ Form fil	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 Acquired, Disposed of, or Beneficially Owned														
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Year)		Execution any	Deemed 3. Transaction Code (Instr. 8)		on	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Beneficially C Reported Tran (Instr. 3 and 4	Form: Direct (hip Ind Be D) Ov	7. Nature of Indirect Beneficial Ownership						
					Code		V	Amount	(A) or (D)	Price			(I)	or Indirect (In (I) (Instr. 4)		instr. 4)		
Class A	Common S	Stock	01/14/	2013			A	A		3,484 (1)	A	<u>(2)</u>	12,084		D			
Class A Common Stock												1,061 (3)		I	В	By 401(k)		
Class A Common Stock										216		I E		y ESP	P			
Class A Common Stock												61 (4)		I	C	By Deferred Compensation Plan		
Reminder:	Report on a s	separate line	e for each	n class of se	curities l	peneficially	y own	ed dir	P	ersons v ontained	ho re	s forn	d to the collect	uired to resp	ond unles	S	SEC 147	74 (9-02)
				Table I					uired	, Dispose	l of, or	Benef	urrently valid		oi number.			
1. Title of Derivative Security (Instr. 3) 2. Conversion Date (Month/I Price of Derivative Security		action 3A. Deemed		ed Date, if	4. 5. Number of		ive es ed	ions, convertible securi 6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	(Instr. 5) E		vative Own irrities Form deficially Deriv ned Secur- owing Direc- orted or Indiasaction(s) (I)		11. Natur of Indirec Beneficia Ownershi (Instr. 4)			
						Code	V (A	A) (I	F	Date Exercisable		ration	Title Number of Shares					

Reporting Owners

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Pauli Matthew 13000 WEST SILVER SPRING DRIVE BUTLER, WI 53007			Corporate Controller				

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
- 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
- (3) 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.
- (4) 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.