### 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	Responses)																		
1. Name and Address of Reporting Person *- PETERSON ROBERT A				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 W125	00 WEST	(First) BROOK CROS	CDIC	3. Date of 01/14/2			ansac	tion (N	/Ionth/D	ay/Yea	nr)	_	Officer (	give tit	tle below)		her (specify	below)	
(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							
	NEE FAI	LLS, WI 53051											_ Form med	by Mo	ie man One i	ceporting Ferso	1		
(City)		(State)	(Zip)			,	Table	I - No	n-Deri	vative S	Securities	s Acquire	d, Dispos	ed of	, or Benef	icially Own	ed		
(Instr. 3) Date		2. Transaction Date (Month/Day/Year	2A. Deemed Execution Date, if any (Month/Day/Year		Date, if	(Instr. 8)		(4	A) or Di	ties Acqu isposed of 4 and 5)			owing (s)			6. Ownersh Form: Direct (I	ip of I Ber	Nature indirect neficial mership	
							Сс	ode	V A	mount	(A) or (D)	Price				or Indire (I) (Instr. 4)	Ì	str. 4)	
Class A Common Stock 01/14/2014			01/14/2014				A	A	1	,763 <u>)</u>	A	<u>(2)</u> 11	1,671				D		
Class A Co	Class A Common Stock											16	5,400				I	Ву	IRA
Class A Common Stock											3,	3,000 (3)			Ι	for Be	Trust nefit Son		
Class A Common Stock										3,000 (3)			I	for Be	Trust nefit ughter				
Kellinder. Re	port on a se	parate line for each o		- Derivat	tive S	Securiti	es Aco	P ir a quired	Persons n this f curre	orm aintly va	re not re lid OMB or Benef	equired to control icially Ov	o respor number	ıd un		on contair form disp		EC 147	<b>/</b> 4 (9-02)
1. Title of	2.	3. Transaction	3A. Deemed	4.	its, c	5. Nui		1 1		, convertible securities) Exercisable and 7. Tit					3. Price of	9. Number o	of 10.		11. Nat
Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	Date Execution Date (Month/Day/Year) (Month/Day/Y		(Instr. 8) Secur Acqu (A) o Dispo of (D (Instr		of Deriva Securi Acqui (A) or Dispo of (D) (Instr. and 5)	prities dired or cosed or cose					of Underlying Securities (Instr. 3 and 4)		S	Derivative Securitie Securitie (Instr. 5)  Owned Followin Reported Transacti (Instr. 4)		y Forn Deri Secu Dire or In	n of vative rity: ct (D) direct	of Indir Benefic Owners (Instr. 4
				Code	v	(A)	(D)	Date Exerc	cisable	Expi Date	ration	Title	Amo or Num of Share	ber					
Employee Stock Option	\$ 36.88	01/14/2014		A		2,360		12/1	4/201	4 01/1	14/2024	Class Comm Stock	A on 2,30		\$ 0	2,360		D	

## **Reporting Owners**

	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
PETERSON ROBERT A N86 W12500 WESTBROOK CROSSING MENOMONEE FALLS, WI 53051	X					

# Signatures

/s/ Eric Orsic, as Attorney-in-Fact	01/16/2014
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) The reporting person disclaims beneficial ownership of the shares held by the trust.
- (4) 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.