FORM 4

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

OMB APPRO	JVAL
OMB Number:	3235-0287
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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

e Responses)																		
1. Name and Address of Reporting Person * ARZBAECHER ROBERT C					2. Issuer Name and Ticker or Trading Symbol ACTUANT CORP [ATU]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle) N86 W12500 WESTBROOK CROSSING						3. Date of Earliest Transaction (Month/Day/Year)								re title below)				
(Street)					4. If Amendment, Date Original Filed(Month/Day/Year)								orm filed by	One Reporting	Person	plicable Line)		
													orm med by	wore than one	reporting reison			
)	(State)	(Zip)				Т	able I	- Noi	1-Deriva	tive Seco	ırities	Acquired,	Disposed	of, or Bene	ficially Owned			
tr. 3) Date (Month/Day/Year)		Exec	Execution Date, if any		Code (Instr. 8)		(A) or (Instr.		r Disposed of (D) . 3, 4 and 5)		Beneficially Owned Fo Reported Transaction(s (Instr. 3 and 4)		ed Following	Form: Direct (D) or Indirect (I)	Beneficia Ownershi	.1		
common Sto	ock	04/03/2014						V	1	A	\$	100 38	3		D			
Common Sto	ock										10.0.		00,000		I	By Family Limited Partnerships		
ommon Sto	ock											36,781	<u>(1)</u>		I	By 401(k)		
ommon Sto	ock											11,900			I	By IRA		
ommon Sto	ock											2,200	2,200			By Family (2)		
ommon Sto	ock											2,400	2,400		I	By Spouse		
Common Sto	ock											35,038	35,038 (3)		I		By Deferred Compensation	
Leport on a seg	parate line for		II - D	erivative	Sec	uritie	es Acq	P in d	ersons this fo isplays , Dispos	orm are of a curre	not rently v	quired to alid OMB icially Owi	respond control i	unless th		SEC 147	74 (9-02)	
	Date	Year) Execution D	ate, if	4. Transact Code	tion	5. Num of Deriv Secur Acqu (A) o Dispo of (D (Instr	ber vative rities nired or osed	6. Date Exercisable and Expiration Date (Month/Day/Year) 7. T		7. Title and Amou of Underlying Securities (Instr. 3 and 4)			Derivative Securities Beneficially Owned Following Reported	Ownership Form of Derivative Security: Direct (D) or Indirect	11. Natur of Indirec Beneficia Ownershi (Instr. 4)			
				Code	V	(A)	(D)				n 5	Γitle	Amount or Number of Shares					
\$ 18.33	04/03/20	14		М			1		<u>(5)</u>	01/09/2	019	Class A Common Stock	1	\$ 0	0	D		
	Common State Commo	Address of Reporting Person CHER ROBERT C (First) 500 WESTBROOK CI (Street) ONEE FALLS, WI 530 (State) Common Stock Commo	Address of Reporting Person CHER ROBERT C (First) (Middle) (Street) ONEE FALLS, WI 53051 (State) (Zip) Common Stock Common	Address of Reporting Person CHER ROBERT C (First) (Middle) (Street) (ONEE FALLS, WI 53051 (State) (Zip) (Struity 2. Transaction Date (Month/Day/Year) Common Stock C	Address of Reporting Person * CHER ROBERT C	Address of Reporting Person* CHER ROBERT C ONESTBROOK CROSSING (Street) ONEE FALLS, WI 53051 ONED TALLS, WI 53051 Common Stock Common St	Address of Reporting Person CHER ROBERT C ONE STALLS, WI 53051 ONE FALLS, WI 53051 ONE FALLS, WI 53051 ONE Greet 2. Transaction Date (Month/Day/Year) Common Stock Common Stock	Address of Reporting Person* CHER ROBERT C (First) (Street) (An or Disposed of CD) (Instr. 8) (Street) (An or Disposed of CD) (Instr. 8) (Street) (Street) (Street) (Street) (Street) (An or Disposed of CD) (Instr. 3) (Instr. 4) (Inst	Address of Reporting Person* CHER ROBERT C (First) (Middle) (Street) (A If Amendment, Date Original is Carelina in Control of Cont	Address of Reporting Person* CHER ROBERT C CHER ROBERT C CHIER ROBERT C A. Deemed Execution Date, if Chier Robert C CHIER ROBERT C CHIER ROBERT C CHIER ROBERT C A. Deemed Execution Date, if Chier Robert C CHIER ROBERT C CHIER ROBERT C CHIER ROBERT C A. Deemed Execution Date, if Chier Robert C CHIER ROBERT C CHIER ROBERT C A. Deemed Execution Date, if Chier Robert C CHONTON C COde N Amount C CHORD ROBERT C A. Deemed Execution Date, if Chier Robert C CHORD ROBERT C CODE N Amount C CHORD ROBERT C A. Deemed Execution Date, if Chier Robert C CODE N Amount C CODE	Address of Reporting Person* CHER ROBERT C (Middle) (Street) (ONEET FALLS, WI 53051 (State) (A) or (A) or (Month/Day/Year) (M	Address of Reporting Person CHER ROBERT C CHER ROBERT C (Middle) (States) (Month/Day/Year) (M	ACHER ROBERT C CHER ROBERT C (Sidadle) (Size C) (Size C	Address of Reporting Person	Address of Reporting Person	Address of Reporting Persons CHER ROBERT C	Address of Reporting Person	

Reporting Owners

		Relationsl	nips	
Reporting Owner Name / Address	Director	10% Owner	Officer	Other

MENOMONEE FALLS, WI 53051	ARZBAECHER ROBERT C N86 W12500 WESTBROOK CROSSING MENOMONEE FALLS, WI 53051	X				
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Signatures

/s/ Eric Orsic, as Attorney-in-Fact	04/07/2014
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).
- 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 (1) 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) Owned by daughters.
- (3) Best estimate of shares held pursuant to the Actuant Corporation Deferred Compensation Plan.
- (4) Option granted under the Actuant Corporation 2009 Omnibus Incentive Plan.
- (5) Fifty percent of the option became exercisable on 1/09/2012 and the balance became exercisable on 1/09/2014.

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.