FORM 4

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

OMB APPROVAL
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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 * Grissom Sheri					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) 10/29/2014								X Officer (give title below) Other (specify below) VP Human Resources					
(Street) MENOMONEE FALLS, WI 53051					4. If	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					
(City		(State)		(Zip)		Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned													
1.Title of Security (Instr. 3)		Date (Month/Day/Year) Ex		any	on Date, i	3. Transaction Code (Instr. 8)) Ber Fol Tra	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)			6. Ownershi Form: Direct (D	Beneficial Ownership		
							Code	V	Amount	(A or (D	ŕ	ľ	(Instr. 3 and 4)			or Indirect (Instr. 4) (Instr. 4)			
Class A	Common S	Stock	10/29/2	2014				A		1,720	A	\$ 0	33	,482 (1)			D		
Class A Common Stock		10/29/2	2014				F		604	D	\$ 31.2	2 32	32,878			D			
Class A Common Stock												1,8	1,891 (2)			I	By 401	(k)	
Class A Common Stock												10	10,842 (3)			Ι	By Defe Compe		
Reminder:	Report on a s	separate lin	e for each						l d	Persons containe he form	who d in disp	respon this for plays a c	m are currei	not requ	ction of inf uired to res OMB conf	spon	d unless	SEC 147	74 (9-02)
1 75'41 . C	2	2 7	··	24 D		puts, call	s, w						1 (1	0 D : C	0.31	1 0	10.	11 37 /
Derivative Conversion Date		3. Transac Date (Month/D	Execution Da ath/Day/Year) any		Date, if	Code of Deri Secu Acqu (A) o Disp of (I (Instr. 8)		Number		and Expiration Date (Month/Day/Year)			Amo Und Secu	itle and bunt of erlying urities tr. 3 and	Derivative Security (Instr. 5)	Deri Secu Bene Own Follo Repo Tran	arities eficially ned owing orted	Ownership Form of Derivative	11. Nature of Indirect Beneficial Ownership (Instr. 4)
						Code	V	(A)		Date Exercisab		expiration Date	Title	Amount or Number of Shares					

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	;	10/31/2014	
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**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) Adjusted to reflect a change in the form of beneficial ownership from direct to indirect pursuant to Rule 16a-13 with respect to 4,350 shares.
- 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

 (2) consists of stock of Actuant and each and other short term investments. The number of Actuant shore equivalents fluctuated depending on the ratio of the number of shores.
- (2) 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.
- (3) Best estimate of shares held pursuant to the Actuant Corporation Deferred Compensation Plan, including the 4,350 shares refrenced in Footnote (1) of this Form 4.

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.