## FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
hours 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 Type Responses)  1. Name and Address of Reporting Person* Pauli Matthew					2. Issuer Name and Ticker or Trading Symbol							5. Relatio	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle) N86 W12500 WESTBROOK CROSSING				3. D	ACTUANT CORP [ATU]  3. Date of Earliest Transaction (Month/Day/Year)  01/09/2017							Director 10% Owner  X Officer (give title below) Other (specify below)  Corporate Controller						
(Street)					4. If Amendment, Date Original Filed(Month/Day/Year)						_X_ Form fi	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 53201 (City) (State) (Zip)				Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned														
(Instr. 3) Date (Month/Day/Year)		Executi any	A. Deemed xecution Date, if ay Month/Day/Year)		3. Transaction Code (Instr. 8)					5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		wing 6. Fo	wnership orm:	7. Nature Indirect Beneficia	7. Nature of			
							C	Code	V	Amount	(A) or (D)	Price				r Indirect () (nstr. 4)	(Instr. 4)	(Instr. 4)
Class A (	Common S	Stock	01/09/2	017				F		887	D	\$ 26.1	20,865	55		)		
Class A (	Common S	Stock											1,609 (1)		I		By 401	(k)
Class A (	Common S	Stock											122 (2)		Ι		By Def Compe Plan	
Reminder:	Report on a s	separate lin	e for each						l d t	Persons vontained he form	who re I in th displa	is forn ys a c	d to the colle n are not req urrently valid	uired to res I OMB cont	pond (	unless	SEC 14	74 (9-02)
1. Title of	2	3. Transac	etion 3	3A. Deem	(e.g.,	puts, calls		rrant	s, opt		ertible	securi	•	1	9. Num	ber of	10.	11. Natur
Derivative Conversion Date		ay/Year) I			te, if Transaction Code		n Number		Manual Exertisation Date Month/Day/Year)		Amount of Underlying Securities (Instr. 3 and 4)	Derivative Security (Instr. 5)	Derivat Securiti Benefic Owned Followi Reporte Transac	Derivative Securities Beneficially Owned Following Reported Transaction(s)	Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	of Indirec Beneficia Ownershi (Instr. 4)		
						Code	V (	(A)		Date Exercisab		iration	Title Number of Shares					

### **Reporting Owners**

	Relationships						
Reporting Owner Name / Address	Director	10% Owner	Officer	Other			
Pauli Matthew N86 W12500 WESTBROOK CROSSING MENOMONEE FALLS, WI 53201			Corporate Controller				

#### **Signatures**

/s/ Eric Orsic, as Attorney-in-Face		01/11/2017
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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).
- Represents the best estimate of the number of share equivalents held by the 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) Best estimate of shares held pursuant to the 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.