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)																	
1. Name and Address of Reporting Person * Roundhouse Roger						2. Issuer Name and Ticker or Trading Symbol ACTUANT CORP [ATU]							Dire	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) C/O ACTUANT CORPORATION, N86 W 12500 WESTBROOK CROSSING					3. Date of Earliest Transaction (Month/Day/Year) 05/05/2017							X_Off	X Officer (give title below) Other (specify below) Exec VP Engd Solutions Segment						
(Street) MENOMONEE FALLS, WI 53051				4. If	4. If Amendment, Date Original Filed(Month/Day/Year)							_X_ Form	6. Individual or Joint/Group Filing(Check Applicable Line) _X_Form filed by One Reporting PersonForm filed by More than One Reporting Person						
(City		(State)		(Zip)			Tab	ole I -	Non-	-Derivativ	e Sec	urities A	Acquired, Dis	posed of, or l	Beneficially	Own	ed		
(Instr. 3)		Date (Month/Day/Year) Exc		Execution any	A. Deemed Execution Date, if my Month/Day/Year)		Code		4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securitie Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		Form: Direct (D)		7. Nature of p Indirect Beneficial Ownership t (Instr. 4)			
							ode	V	Amount	(A) or (D)	Price	(msu. 3 and	(I) (Instr			l` í			
Class A Common Stock		05/05/2	2017				F		341	D	\$ 27.55	60,077		D	D				
Class A Common Stock												174 ⁽¹⁾	174 ⁽¹⁾			By 401	(k)		
Class A Common Stock												424 (2)		I	I		By Deferred Compensation Plan		
Reminder:	Report on a s	separate lin	ne for each						i c	Persons of the form of the for	who r I in th	nis forn ays a c	d to the coll n are not rec urrently vali	quired to res d OMB con	spond unle		SEC 14	74 (9-02)	
		1			(e.g.,	puts, calls							ficially Owne ties)	a T	1				
Derivative Conversion Da		Date Exe (Month/Day/Year) any			Date, if	Code	5. Number of Derivat Securiti Acquire (A) or Dispose of (D) (Instr. 3 4, and 5		er ative ties red sed 3,	3		Date	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	Security (Instr. 5)	Securities Beneficially Owned Following	y I S I C C I C I C I C I C I C I C I C I	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code	V ((A)		Date Exercisab	,	piration te	Title Number of Shares						

Reporting Owners

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Roundhouse Roger C/O ACTUANT CORPORATION N86 W 12500 WESTBROOK CROSSING MENOMONEE FALLS, WI 53051			Exec VP Engd Solutions Segment					

Signatures

Eric Orsic, as Attorney-in-Fact	05/09/2017
**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
 (1) 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.
- (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.