FORM	4
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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).

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

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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 Wozniak Ted	2. Issuer Nam ACTUANT			U	Symbo	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) N86 W12500 WESTBROO	3. Date of Earli 10/30/2017	est Transa	ction	ı (Month/I	Day/Ye	X_Officer (give title below)	X Officer (give title below) Other (specify below) VP Business Development				
^(Street) MENOMONEE FALLS, W	4. If Amendme	nt, Date O	rigin	al Filed(M	onth/Day	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) a	A. Deemed Execution Date, if ny Month/Day/Year)	Code	on				5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D)	Beneficial Ownership	
			Code	v	Amount	(A) or (D)	Price	(Instr. 3 and 4)	or Indirect (I) (Instr. 4)	(Instr. 4)	
Class A Common Stock	10/30/2017		F		291	D	\$ 25.35	76,705	D		
Class A Common Stock								5,578 ⁽¹⁾	Ι	By 401(k)	
Class A Common Stock								16,776 ⁽²⁾	I	By Deferred Compensation Plan	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information SEC 1474 (9-02) contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(<i>e.g.</i> , puts, calls, warrants, options, convertible securities)															
1. Title of	2.	3. Transaction	3A. Deemed	4.	5			6. Date Exer	cisable	7. Tit	le and	8. Price of	9. Number of	10.	11. Nature
Derivative	Conversion	Date	Execution Date, if	Transactio	n N	Number		and Expiration Date		Amount of D		Derivative	Derivative	Ownership	of Indirect
Security	or Exercise	(Month/Day/Year)	any	Code	0			(Month/Day/Year)		Underlying Security		Security	Securities	Form of	Beneficial
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Ľ	Derivative				Securities (Ir		(Instr. 5)	Beneficially	Derivative	Ownership
	Derivative				Securities		(Ins		(Instr. 3 and		Owned	Security:	(Instr. 4)		
	Security				Acquired		red	4)			0	Direct (D)			
					(A) or						1	or Indirect			
					Disposed								Transaction(s)		
					of (D)								(Instr. 4)	(Instr. 4)	
					(Instr. 3,										
					4, and 5)		5)								
											Amount				
								Date	Expiration		or				
								Exercisable	*	Title	Number				
								Excicisable	Date		of				
				Code V	/ ((A)	(D)				Shares				

Reporting Owners

	Reporting Owner Name / Address	Relationships						
		Director	10% Owner	Officer	Other			
	Wozniak Ted N86 W12500 WESTBROOK CROSSING MENOMONEE FALLS, WI 53051			VP Business Development				

Signatures

/s/ Eric Orsic, as Attorney-in-Fact

11/01/2017

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.