## 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* Dillon Ricky T					2. Issuer Name and Ticker or Trading Symbol ACTUANT CORP [ATU]							5	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last) (First) (Middle) C/O ACTUANT CORPORATION, N86 W12500 WESTBROOK CROSSING					3. Date of Earliest Transaction (Month/Day/Year) 01/16/2018							X Officer (give title below) Other (specify below)  Executive Vice President - CFO							
(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)  Form filed by More than One Reporting Person					
(City) (State) (Zip)					Table I - Non-Derivative Securities Acquired, Disposed of, o								sed of, or I	or Beneficially Owned					
1.Title of Security (Instr. 3)		Date (Month/Day/Year) Exc		Execution	A. Deemed xecution Date, if y Month/Day/Year)		Code		(A) or Disposed of (D) (Instr. 3, 4 and 5)			Bene Follo Tran	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)		6. Ownership Form: Direct (D) or Indirect		Beneficial Ownership		
								ode	V	Amount	(A) or (D)	Price	(IIIs)	(I) (Instr.			` ´ ´		
Class A Common Stock 01		01/16/2	2018				F		960	D	\$ 25.55	24,	549		D				
Class A Common Stock											703	703		I 4		401(k)	401(k) (1)		
Class A Common Stock												397			I		Deferred Compensation		
Reminder:	Report on a s	separate lin	ne for each			beneficially	<u></u>		F	Persons vontained he form	who r I in th displa	is forn ays a c	n are urren	not requ tly valid	ction of inf ired to res OMB cont	spond un	less	SEC 14	74 (9-02)
		1			(e.g.,	puts, calls.	war	rants	, opt	ions, conv	ertibl	e securi	ities)						
1. Title of Derivative Security (Instr. 3)  1. Title of 2. Conversion or Exercise (Instr. 3)  2. Conversion or Exercise (Instr. 3)			Execution I any		Date, if	4. Transactio Code (Year) (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		Date	7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	elly son(s)	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	Amount or Number of Shares					

## **Reporting Owners**

	Relationships							
Reporting Owner Name / Address	Director	10% Owner	Officer	Other				
Dillon Ricky T C/O ACTUANT CORPORATION N86 W12500 WESTBROOK CROSSING MENOMONEE FALLS, WI 53051			Executive Vice President - CFO					

#### **Signatures**

/s/Barrett Lopez, Attorney-in-Fact	01/18/2018	
**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 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.