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* Dillon Ricky T				2. Issuer Name and Ticker or Trading Symbol ENERPAC TOOL GROUP CORP [EPAC]					C]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last) (First) (Middle) C/O ENERPAC TOOL GROUP CORP., N86 W12500 WESTBROOK CROSSING				3. Date of Earliest Transaction (Month/Day/Year) 01/28/2021						X Officer (give title below) Other (specify below) Executive Vice President - CFO				
(Street)				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				
MENOMON	NEE FAI										a by More than	One reporting		
(City)		(State)	(Zip)	7	able I -	Non-D	erivative :	Securitio	es Acqu	ired, Dispo	osed of, or I	Beneficially	Owned	
(Instr. 3) Date		2. Transaction Date (Month/Day/Year)		(Instr. 8)		(A) or l	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			Reported Transaction(s)			7. Nature of Indirect Beneficial	
				(Month/Day/Yea	Cod	e V	Amoun	(A) or t (D)	Price				Ownership (Instr. 4)	
Class A Con	nmon St	ock	01/28/2021		F		1,816	D	\$ 21.07	57,878			D	
Class A Con	nmon St	ock								1,335			I	401(k)
									<u> </u>	1				
Reminder: Repo	ort on a se	parate line fo	or each class of secu	rities beneficially	owned di	ectly o	or indirectl	v.	1	1				
Reminder: Repo	ort on a se	parate line fo	or each class of secu	rities beneficially o	owned di	Pe co	rsons wh	o resp	orm are	e not requ		ormation spond unle	ss	1474 (9-02)
Reminder: Repo	ort on a se	parate line fo	Table II -	rities beneficially of the control o	ties Acq	Pe co the	rsons wh ntained i form dis	no responding this for this for Book or Book o	orm are a curre eneficial	e not requ ntly valid	ired to res	spond unle	ss	1474 (9-02)
1. Title of 2. Derivative Cor Security (Instr. 3) Pric Der	nversion I	3. Transaction Date (Month/Day/	Table II - n 3A. Deemed Execution Day	Derivative Securi (e.g., puts, calls, v	ties Acq varrants	Pe co the dired, option (Notice es d d d ,	rsons wh ntained i form dis	oresponding the splays a configuration of the security of the	eneficial eurities) 7. T Ame Und Seco	e not requ ntly valid	OMB conf	spond unle	of 10. Owners Form of Derivati Security Direct (or Indire	11. Natu of Indire Beneficia Ownersh (Instr. 4)

Reporting Owners

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

Signatures

/s/Cory Saeger, Attorney-in-Fact	02/01/2021
**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 Issuer's 401(k) Plan. The unitized stock fund consists of (1) stock of the Issuer and cash and other short term investments. The number of Issuer share equivalents fluctuates depending on the ratio of the number of shares of stock of the Issuer in the fund to other investments.

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.