FORM 4

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

OMB APPROVAL
OMB Number: 3235-0287
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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

Reporting Owner Name / Address					otor 10% Officer						Othor					
						Rela	ation	ships								
Repor	ting O	wners														
					Code V	(A) (D)	Date Exe	~	Expiration Date	Title	Amount or Number of Shares					
1. Title of Derivative Security (Instr. 3)	Conversion	3. Transaction Date (Month/Day/Y	Executio any	med	Transaction Code (Instr. 8)	5.	6. Date Exer and Expirati (Month/Day.		cisable on Date	7. Tit Amor Unde Secur	Title and ount of derlying urities str. 3 and 8. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	Owners Form of Derivati Security Direct (or Indire	(Instr. 4)		
Reminder:	Report on a	separate line for		II - Deri	vative Securiti	ies Acquire	Person the	sons whatained in form dis	no responding this following this following the following	rm are curren neficiall	not requ tly valid		ormation pond unle rol numbe	ss	1474 (9-02)	
Class A	Common S	Stock	10/29/2021			F		806	D S	\$ 20.89	35,987			D		
				(IVIOI	nm/Day/ rear)	Code	V	Amoun	(A) or (D)	Price	(mstr. 3 a	a. 3 and 4)			(Instr. 4)	
1.Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Y	Execution Execut	Deemed cution Date, if onth/Day/Year)	3. Transaction Code (Instr. 8)		(A) or I	rities Acquisposed of (4 and 5)	of (D)	Beneficia	t of Securities lly Owned Following Transaction(s)		6. Ownership Form: Direct (D)	7. Nature of Indirect Beneficial Ownership	
(City) (State) (Zip)					Table I - Non-Derivative Securities Acquired, Dispo							osed of, or I	Beneficially (Owned		
(Street) MENOMONEE FALLS, WI 53051				4. 1	_X_F							. Individual or Joint/Group Filing(Check Applicable Line) X_Form filed by One Reporting Person Form filed by More than One Reporting Person				
(Last) (First) (Middle) C/O ENERPAC TOOL GROUP CORP., N86 W12500 WESTBROOK CROSSING				86 10/	3. Date of Earliest Transaction (Month/Day/Year) 10/29/2021							EVP&am	p;Chief Strat	egy Officer		
Bolens Barbara					ENERPAC TOOL GROUP CORP [EPAC]							(Check all applicable) Director 10% Owner Officer (give title below) Other (specify below)				
(Print or Type Responses) 1. Name and Address of Reporting Person *				2.	2. Issuer Name and Ticker or Trading Symbol						5. Relationship of Reporting Person(s) to Issuer					

EVP&Chief Strategy Officer

Signatures

Bolens Barbara

/s/Fabrizio Rasetti, Attorney-in-Fact	11/02/2021
**Signature of Reporting Person	Date

Owner

Explanation of Responses:

C/O ENERPAC TOOL GROUP CORP.

N86 W12500 WESTBROOK CROSSING MENOMONEE FALLS, WI 53051

- * 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).

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.