Christenson Carl R Form 4 August 02, 2012

FORM 4

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

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

OMB APPROVAL

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January 31,

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(Print or Type Responses)

1(b).

1. Name and Address of Reporting Person * 5. Relationship of Reporting Person(s) to 2. Issuer Name and Ticker or Trading Christenson Carl R Issuer Symbol Altra Holdings, Inc. [AIMC] (Check all applicable) (Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) _X__ Director 10% Owner X_ Officer (give title _ Other (specify 300 GRANITE STREET, SUITE 08/01/2012 below) 201 Chief Executive Officer (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting

BRAINTREE, MA 02184

	Table	: 1 - Non-D	erivative	Secur	ities Acqi	iired, Disposed of	, or Beneficiall	y Owned
			3. 4. Securities Acquired Transaction(A) or Disposed of (D)			5. Amount of Securities	7. Nature of Indirect	
	any (Manth/Day/Vaar)	Code	(Instr. 3,	4 and	5)	Beneficially	(D) or	Beneficial
	(Month/Day/Year)	(Instr. 8)		(A)		Following Reported Transaction(s)	(Instr. 4)	Ownership (Instr. 4)
		Code V	Amount	or (D)	Price	(Instr. 3 and 4)		
01/2012	08/01/2012	P	1,497	A	\$ 16.76	513,605	D	
		any (Month/Day/Year)	nth/Day/Year) Execution Date, if Transactio any Code (Month/Day/Year) (Instr. 8) Code V	nth/Day/Year) Execution Date, if any Code (Instr. 3, (Month/Day/Year) (Instr. 8) Code V Amount	nth/Day/Year) Execution Date, if any Code (Instr. 3, 4 and (Month/Day/Year) (Instr. 8) (A) or Code V Amount (D)	Execution Date, if any (Month/Day/Year) (Month/Day/Year) (A) or Code (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price	nth/Day/Year) Execution Date, if any Code (Instr. 3, 4 and 5) Code (Instr. 3, 4 and 5) Eneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	nth/Day/Year) Execution Date, if any (Month/Day/Year) (Instr. 8) Execution Date, if any (Month/Day/Year) (Instr. 8) Execution Date, if any (Month/Day/Year) (Instr. 8) Execution Date, if any (Code (Instr. 3, 4 and 5) Executities Beneficially (D) or Indirect (I) Following (Instr. 4) Reported Transaction(s) (Instr. 3 and 4)

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

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Person

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date		4.	5.	6. Date Exer		7. Title		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secur
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable	Date	Title	Number		
						Excicisable	Date		of		
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
• 0	Director	10% Owner	Officer	Other			
Christenson Carl R 300 GRANITE STREET SUITE 201 BRAINTREE, MA 02184	X		Chief Executive Officer				

Signatures

Todd Patriacca, Attorney-in-fact 08/02/2012

**Signature of Reporting Person Da

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).

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.

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