

OMB APPROVAL	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>McClain Gretchen W</u> (Last) (First) (Middle) 172 WHITE PINE CANYON ROAD (Street) PARK CITY UT 84060 (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>AMETEK INC/ [AME]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) <input checked="" type="checkbox"/> Director 10% Owner Officer (give title below) Other (specify below)
	3. Date of Earliest Transaction (Month/Day/Year) 01/14/2021	
4. If Amendment, Date of Original Filed (Month/Day/Year)		

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock/ Deferred Compensation	01/14/2021		J ⁽¹⁾		9	A	\$120.72	1,576	D	
Common Stock/ Deferred Compensation	01/14/2021		J ⁽²⁾		56	D	\$120.72	1,520	D	
Common Stock	01/14/2021		J ⁽²⁾		56	A	\$120.72	12,087	D	

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (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)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
						Date Exercisable	Expiration Date					

Explanation of Responses:

- Pursuant to the Deferred Compensation Plan ("DC Plan"), reflects the reporting person's deemed investment in the AMETEK Common Stock Fund (the "Fund"), an investment option within the AMETEK Retirement and Savings Plan. The Fund consists of AMETEK common stock (approximately 98% of the Fund's value) and cash or cash equivalents (approximately 2% of the Fund's value). The number of shares attributed to the reporting person as a DC Plan participant and expressed as equivalent shares has been calculated based on the closing price of AMETEK common stock in relation to the Net Asset Value of the Fund on the date of the reported transaction and may change from time to time without the volition of the reporting person depending on the fair market value of AMETEK common stock and the amount of cash in the Fund. The balance reflects a 9 share dividend and a 2 share increase due to the FMV of the AMETEK common stock and the amount of cash in the Fund.
- Represents shares of AMETEK, Inc. Common Stock issued upon the distribution of stock units from Ms. McClain's account under the AMETEK, Inc. Director's Deferred Compensation Plan.

/s/ Lynn Carino, attorney-in-fact for Ms. McClain 01/15/2021

** Signature of Reporting Person Date

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

* 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.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.