FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL	
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3235-0287 OMB Number: 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)

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

(Last) 1100 CA (Street) BERWY	Street) BERWYN PA 19312-1177					2. Issuer Name and Ticker or Trading Symbol AMETEK INC/ [AME] 3. Date of Earliest Transaction (Month/Day/Year) 05/08/2017 4. If Amendment, Date of Original Filed (Month/Day/Year)										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director I 0% Owner X Officer (give title Other (specify below) PRESIDENT - ELECTROMECHANICAL 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip) Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Trans Date (Month/					saction	ar) i	2A. Deemed Execution Date, if any (Month/Day/Year		3. 4. Se Transaction Disp Code (Instr. 5)			4. Securi Disposed	d of, or Benefic curities Acquired (A) sed Of (D) (Instr. 3, 4			5. Amou Securiti Benefic Owned	int of es ially Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
				05/0	8/2017	7			Cod	_	. /	Amount	1)	A) or D)	Price	Reporte Transac (Instr. 3	tion(s)		D	(Instr. 4)	
Common Stock 05/08 Common Stock/serp						2017		F	+	+	1,503		ע	Φ59.5		3,012		D			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)		(e.g., p	e.g., puts, ca		5. Number of				, CO	nverti	or Beneficial ble securities] 7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		Amount ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code		(A)	(D)	Date Exercis	able	Exp Date	iration	Title	0 0	Amount or lumber of Shares						
Stock Option	\$34.0467								(2)		04/3	30/2019	Comm		29,955		29,955		D		
Stock Option	\$41.74								(3)		05/0	7/2020	Comm		26,220		26,220		D		
Stock Option	\$53.13								(4)		05/0	07/2021	Comm		21,620		21,620		D		
Stock Option	\$52.27								(5)		05/0	05/2022	Comm		25,730		25,730		D		
Stock	\$46.96								(6)		05/0	3/2023	Comm		32,530		32,530		D		

Explanation of Responses:

- 1. Represents withholding of shares to pay withholding taxes incurred in connection with 2nd year vesting (25%) of restricted stock issued on May 6, 2015, 4th year vesting (25%) of restricted stock issued on May 8, 2013, and 3rd year vesting (25%) of restricted stock issued on May 8, 2014.
- 2. The stock options will become exercisable in four equal installments beginning on May 1, 2013.
- 3. The stock options will become exercisable in four equal annual installments beginning on May 8, 2014.
- 4. The stock options will become exercisable in four equal annual installments beginning on May 8, 2015.
- 5. The stock options will become exercisable in four equal annual installments beginning on May 6, 2016.
- 6. The stock options will become exercisable in four equal annual installments beginning on May 4, 2017.

/s/ Joy D. Atwell, attorney-infact for Mr. Jones

05/10/2017

** 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.