FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

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*  NEUPAVER ALBERT J						2. Issuer Name and Ticker or Trading Symbol AMETEK INC/ [ AME ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner						
(Last) (First) (Middle) 37 NORTH VALLEY ROAD - BUILDING 4 P.O. BOX 1764					05	3. Date of Earliest Transaction (Month/Day/Year) 05/18/2004									X Officer (give title Other (specify below)  President - Electromechanical					
(Street) PAOLI PA 19301-0801				_   4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable ne)  X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S		(Zip)																	
Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transa Date (Month/D					saction		2A. Deemed Execution Date, if any (Month/Day/Year		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			or 5. Amou 4 and Securitie Benefici		nt of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)	Pric	e	Transact (Instr. 3 a	ion(s)			(111341.4)	
Common Stock					05/18/2004				A <sup>(1)</sup>		8,830	) A	\$2	5.96	66,830			D		
401K Plan 05/18					8/200	)4			<b>J</b> (2)		8	A		\$ <mark>0</mark>	6,448				401K Plan	
Common Stock/SERP														24,291.08			D			
		-	Table II -									or Bene ble secu			wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution I if any (Month/Day	d Date,	4. Transa Code ( 8)	action	5. Number		6. Date Exercisa Expiration Date (Month/Day/Yea		able and	7. Title and of Security Underlying Derivative	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		. Price of lerivative lecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amou or Numb of Share	er						
Stock Option	\$9.9688								04/13/200	1 (	04/12/2007	Common Stock	65,0	00		65,000	)	D		
Stock Option	\$10								04/15/200	0 (	)4/14/2006	Common Stock	60,0	00		60,000	)	D		
Stock Option	\$11.8907								11/18/199	8 1	1/17/2004	Common Stock	10,0	00		10,000	)	D		
Stock Option	\$13.1425								05/22/200	)2 (	05/21/2008	Common Stock	65,0	00		65,000	)	D		
Stock Option	\$15.1719								04/15/199	9 (	04/14/2005	Common Stock	60,0	00		60,000	)	D		
Stock Option	\$18.0625								05/20/200	14 (	05/19/2010	Common Stock	55,0	00		55,000	)	D		
Stock Option	\$18.82								05/22/200	3 (	05/21/2009	Common Stock	55,0	00		55,000	)	D		
Stock	\$26.175	05/18/2004			Α		25,000		05/18/200	05 (	05/17/2011	Common	25.0	00	\$26.175	25,000	)	D		

## **Explanation of Responses:**

- $1.\ Constitutes\ restricted\ stock\ is sued\ under\ the\ 2002\ Stock\ Incentive\ Plan\ of\ AMETEK,\ Inc.$
- 2. Represents dividend reinvestment under the Company's 401(k) Plan.

## Remarks:

Albert J. Neupaver

05/20/2004

\*\* 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.