FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	S IN BENEFI	CIAL OW	NERSHIP

OMB APPR	OVAL							
OMB Number:	3235-0287							
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

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1. Name and Address of Reporting Person* <u>EGINTON WILLIAM D</u>						2. Issuer Name and Ticker or Trading Symbol AMETEK INC/ [AME]										Relationship of Reporting Person(s) to Issuer (Check all applicable) Director					
(Last) (First) (Middle) 1100 CASSATT ROAD					3. Date of Earliest Transaction (Month/Day/Year) 02/03/2016											X Officer (give title Other (specify below) SENIOR VP-CORP. DEVELOPMENT					
(Street) BERWYN PA 19312-1177				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting						
(City)	(S	tate)	(Zip)													Person					
		Tab	le I - No	n-Deri\	/ative	Se	curiti	es Ad	cquir	red, [Dis	posed	of, or Be	enef	icially	Owne	d				
			Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		, Tr	3. Transaction Code (Instr. 8)				4 and 5) Seci Ben Owr		ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
									C	ode	v	Amount	(A) or (D)	Pı	rice	Transac	Reported Fransaction(s) Instr. 3 and 4)			(Instr. 4)	
Common Stock/serp			02/03	3/2016	/2016			J	J ⁽¹⁾		558	A	\$	54.584	20),184		D			
401k Plan																4,890				401(k) Plan	
Common Stock									\perp						36	6,733		D			
Common Stock/deferred Compensation														8	,222		D				
		Т											, or Ben ible secu			wned					
Derivative Conversion Date Exec Security Or Exercise (Month/Day/Year) if any		3A. Deem Execution if any (Month/Da	ed 4. Transaction Code (Inst			on of l		6. Date Exercisal Expiration Date (Month/Day/Year)					D S	Price of erivative ecurity 1str. 5)	9. Number derivative Securities Beneficial 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	v	(A)	(D)	Date Exerc	cisable		cpiration ate	Title	Amo or Nun of Sha							
Stock Option	\$29.8267								((2)	05	5/02/2018	Common Stock	14,	598		14,598	3	D		
Stock Option	\$34.0467								((3)	04	1/30/2019	Common Stock	16,	368		16,368	3	D		
Stock Option	\$41.74								((4)	05	5/07/2020	Common Stock	15,	546		15,546	5	D		
Stock Option	\$53.13								((5)	05	5/07/2021	Common Stock	13,	270		13,270		D		
Stock Option	\$52.27								((6)	05	5/05/2022	Common Stock	17,	824		17,824	4	D		

Explanation of Responses:

- 1. Allocated pursuant to the AMETEK, Inc. Supplemental Executive Retirement Plan under which shares are automatically distributed on a one-for-one basis upon the participant's retirement.
- $2. \ The stock options will become exercisable in four equal installments beginning on May 3, 2012.$
- 3. The stock options will become exercisable in four equal installments beginning on May 1, 2013.
- 4. The stock options will become exercisable in four equal annual installments beginning on May 8, 2014.
- 5. The stock options will become exercisable in four equal annual installments beginning on May 8, 2015.
- 6. The stock options will become exercisable in four equal annual installments beginning on May 6, 2016.

/s/ William D. Eginton 02/04/2016

** 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.