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*																	Relationship of Reporting Person(s) to Issuer (Check all applicable)						
HERMANCE FRANK S						AMELLICITO [AVIL]											Directo	r	10% Owner		vner		
(Last) 37 NOR BUILDI	(F TH VALLE NG 4		3. Date of Earliest Transaction (Month/Day/Year) 01/25/2007											X CI	below)	Officer (give title below) AIRMAN OF THE BOARD & CE							
(Street) PAOLI PA 19301-0801					4. 1												Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting						
(City)	(State) (Zip)																Person	l					
		Tab	le I - No	n-Deriv	vativ	e Se	curit	ies A	cqı	uired,	Dis	posed	of, o	r Ben	eficia	ally (Owned						
1. Title of Security (Instr. 3) 2. Transa Date (Month/D					saction /Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year		·	Code (Inst			rities Acquired (A) ed Of (D) (Instr. 3, 4			and 5) Securiti Benefic Owned		es ally Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership		
											v	Amount	t	(A) or (D)	Price		Transact	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common														1,063,968		D							
Common Stock/SERP 01/25/						7				J ⁽¹⁾		5,00)1	A	\$32.	\$32.024		121,931		D			
Common Stock																	120	,000	I		By Wife		
		-	Table II -	Deriva (e.g., p	ative puts,	Sec cal	uritie Is, wa	s Ac ırran	qui ts, c	red, D option	ispo s, c	osed o	f, or tible	Bene secui	ficiall rities)	y O	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 if any (Month/Day	Date,	4. Transaction Code (Instr. 8)				6. Date Exercis. Expiration Date (Month/Day/Yea			r) of Un		7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 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)	(A) (D) Di		e ercisable		piration te	Title	o N	mount r lumber f Share								
Stock Option	\$8.1467								12/	/15/2000	12	/14/2007	Com		40,00	0		240,00	0	D			
Stock Option	\$12.0417								05/	/20/2004	05	/19/2010	Com		40,00	0		240,00	0	D			
Stock Option	\$12.5467								05/	/22/2003	05	/21/2009	Com		210,00	0		210,00	0	D			
Stock Option	\$17.45								05/	/18/2005	05	/17/2011	Com		.78,99	5		178,99	5	D			
Stock Option	\$20.27								09/	/22/2005	09	/21/2011	Com		84,127	,		84,127	7	D			
Stock Option	\$25.2867								04/	/27/2006	04	/26/2012	Com		.30,57	5		130,57	5	D			
Stock Option	\$33.2667								04/	/26/2007	04	/25/2013	Com		26,61	5 -		126,61	5	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.

FRANK S HERMANCE 01/26/2007 ** 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.