FORM 4

Check this box if no longer subject

to Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington,  | $D \subset$ | 20549 |  |
|--------------|-------------|-------|--|
| vasilligion, | D.C.        | 20349 |  |

|  | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
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|--|--|

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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>Burke William Joseph</u>   |   |  |              |                                  |   | 2. Issuer Name and Ticker or Trading Symbol AMETEK INC/ [ AME ] |  |  |                         |                  |                              |  |                       |                        | all app                                 | ip of Reporting F<br>plicable)<br>ctor<br>er (give title  |                    | 10% O  | wner   |  |
|--|---|--|--------------|----------------------------------|---|---|--|--|-------------------------|------------------|------------------------------|--|-----------------------|------------------------|---|---|--------------------|--|--|--|
| (Last)<br>1100 CA  | (Fir  | ,  | Middle)      |                                  | 3. Date of Earliest Transaction (Month/Day/Year) 03/22/2021 |   |  |  |                         |                  |                              |  |                       | X                      | belov                                   | v) ``   | Other (s<br>below) |  | specify  |  |
| (Street) BERWY (City)  |   |  | 9312<br>Zip) |                                  | 4. If Amendment, Date of Original Filed (Month/Day/Year)    |   |  |  |                         |                  |                              |  |                       | 6. Indiv<br>Line)<br>X | Form                                    | or Joint/Group Filing (Check Applicable<br>m filed by One Reporting Person<br>m filed by More than One Reporting<br>son |                    |  |  |  |
|  |   | Table                                      | I - No       | n-Deriva                         | tive S  | Secu  | rities   | Acq  | uired,                  | Dis              | posed of                     | , or E   | Benefi                | cially                 | Own                                     | ed  |                    |  |  |  |
| 1. Title of Security (Instr. 3)  |   | 2. Transaction<br>Date<br>(Month/Day/Year) |              | Execution Date,                  |   | Transaction   |  | 4. Securities Acquired (A)<br>Disposed Of (D) (Instr. 3,<br>5) |                         |                  | 4 and Secur<br>Benef<br>Owne |  | cially<br>I Following | Form<br>(D) o          | n: Direct<br>or Indirect<br>nstr. 4)    | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership   |                    |  |  |  |
|  |   |  |              |                                  |   |   |  |  | Code                    | v                | Amount                       | (A) (<br>(D)   | or Pric               |                        |   | action(s)<br>. 3 and 4)   |                    |  | (Instr. 4)   |  |
| Common   | nmon Stock 03/22/2  |  |              | 2021                             |   |   | F <sup>(1)</sup>   |  | 880                     | D                | \$12                         | 22.89  | 7                     | 8,926                  |   | D   |                    |  |  |  |
| Common   | Stock/ Def  | erred Compensa                             | tion         |                                  |   |   |  |  |                         |                  |                              |  |                       |                        | 3                                       | 3,190   |                    | D  |  |  |
| Common   | non Stock/ Serp   |  |              |                                  |   |   |  |  |                         |                  |                              |  | 12,279                |                        |   | D   |                    |  |  |  |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |   |  |              |                                  |   |   |  |  |                         |                  |                              |  |                       |                        |   |   |                    |  |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)  | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | if any       | emed<br>ion Date,<br>//Day/Year) | 4.<br>Transa<br>Code (<br>8)                                | Instr.  | Str. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) |  | 6. Date Expirat (Month) | ion Da<br>/Day/Y |                              | 7. Title and<br>Amount of<br>Securities<br>Underlying<br>Derivative<br>Security (Ins<br>3 and 4) |                       | Der<br>Sec<br>(Ins     | Price of<br>ivative<br>urity<br>str. 5) | 9. Number<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4)    | y                  | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |

## **Explanation of Responses:**

1. Represents withholding of shares to pay withholding taxes.

/s/ Lynn Carino, attorney-infact for Mr. Burke

03/23/2021

\*\* 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.