FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 | |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response:

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

| Name and Address of Reporting Person* <u>Speranza Emanuela</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol AMETEK INC/ [AME] | | | | | | | | | | | ationship of Reporting k all applicable) Director Officer (give title | | | 10% O | wner | |
|--|--|--|--|-------------------------------|------------------------------|---|---------|-------------------------------------|---------------|-------------------------------|---------------|---|---|-------|--|--|--|---|-------------------------------------|--|---------------------------------------|--|
| (Last) 1100 CA | (Fi SSATT RO | , | (Middle) | | | oate o | | st Tran | sactio | on (Mo | nth/I | Day/Year) | | A b | elow) | (give title | | Other (s below) AL OFFIC | · | | | |
| (Street) BERWY (City) | | | 19312 (Zip) | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Lin | Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | |
| | | Tabl | le I - No | n-Deriv | ative | Sec | curitie | es Ac | quir | red, [| Dis | posed o | of, o | r Ber | neficia | lly Ov | vne | t | | | | |
| Da | | | | 2. Transa Date (Month/E | Execution Date, | | | Transaction Disp Code (Instr. 5) | | | Disposed | urities Acquired (A) sed Of (D) (Instr. 3, 4 | | | 4 and Securiti Benefic | | es ally Following | Form (D) o | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | Co | ode \ | , | Amount | | (A) or (D) | Price | Transac (Instr. 3 | | tion(s) | | | (mou. 4) | | | | |
| Common Stock 1 | | | | | /2022 | 2022 | | | М | | 724 | 724 A | | \$134 | .6 | 24,589 | | | D | | | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | 4. Transa Code (8) | | | | Expir | te Exer ration I th/Day | Date | ble and | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | Security | Deriva Secur | . Price of erivative ecurity 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 Exerc | cisable | | xpiration ate | Title | | Amount or Number of Shares | | | | | | | |
| Restricted Stock Units | \$0 | 11/05/2022 | | | M | | | 724 | (| (1) | | (1) | Com | | 724 | \$(|) | 362 | | D | | |

Explanation of Responses:

1. Settlement of RSUs awarded on November 5, 2020. 724 shares vested on November 5, 2022; 362 shares will vest on November 5, 2023.

/s/ Lynn Carino, attorney-infact for Emanuela Speranza

11/08/2022

** 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.