FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number: Estimated average burden hours per response: 0.5

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).

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* EGINTON WILLIAM D						AMETEK INC/ [AME]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner V Officer (give title Other (specify					
(Last) (First) (Middle) 37 NORTH VALLEY ROAD BUILDING 4					12/	3. Date of Earliest Transaction (Month/Day/Year) 12/31/2003										VP - CORPORATE DEVELOPMENT					
(Street) PAOLI					_ 4. If _	4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	Individual or Joint/Group Filing (Check Applicable Line) Y Form filed by One Reporting Person Form filed by More than One Reporting Person Person						
(City)	(Si	tate)) (Zip)																		
		Tab	le I - No	n-Deri\	vative	Se	curiti	es A	cqu	ired,	Dis	posed o	of, or	Bene	eficiall	y Owne	d				
Da				Date	2. Transaction Date (Month/Day/Year)			2A. Deemed Execution Date, if any (Month/Day/Year)			ction nstr.	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			(A) or 3, 4 and 8	Benefic	ies ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										Code	v	Amount	(A (D	or	Price	Transac	Transaction(s) (Instr. 3 and 4)			(instr. 4)	
Common Stock																6	,805		D		
401K PLAN																	698			401(k) Plan	
Common Stock/SERP 12/31/					1/2003	2003				J ⁽¹⁾		2.65		A	\$47.11	2 52	23.31		D		
Common Stock/Deferred Compensation 12/31/2					1/2003	2003				J ⁽²⁾		5.71		A	\$47.11	2 1,13	34.006		D		
		1	able II -									osed of onverti				Owned					
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. Transaction Code (Instr 8)		n of l		Exp	6. Date Exercisa Expiration Date (Month/Day/Year			of Sec Under Deriva	7. Title and Amoun 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	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exe	e ercisabl		opiration	Title	or No of	umber						
Stock Option	\$19.9375								04/	/13/2001	. 04	1/12/2007	Comm Stock		1,500		11,500)	D		
Stock Option	\$26.285								05/	/22/2002	05	5/21/2008	Comm Stock		5,000		15,000		D		
Stock Option	\$29.1563								06/	/16/1999	06	6/15/2005	Comm		,500		3,500		D		
Stock Option	\$36.125								05/	/20/2004	05	5/19/2010	Comm		2,000		12,000)	D		

Explanation of Responses:

Option

\$37.64

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.

05/22/2003

2. Constitutes stock units issued under the AMETEK, Inc. Deferred Compensation Plan which will be settled for stock on a one-for-one basis upon the reporting person's retirement.

Kathryn E. Londra

Commor

Stock

05/21/2009

01/02/2004

12,000

D

** Signature of Reporting Person

12,000

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.