FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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* Hardin John Wesley						2. Issuer Name and Ticker or Trading Symbol AMETEK INC/ [AME]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director Tother (specify below)				
(Last) (First) (Middle) 1100 CASSATT ROAD P.O. BOX 1764						3. Date of Earliest Transaction (Month/Day/Year) 05/08/2013								PRES ELECTRONIC INSTRUMENTS				
(Street) BERWY (City)	RWYN PA 19312-1177				4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filin Line) X Form filed by One Re Form filed by More the Person											Reporting Person	
			le I - Nor			_				Dis	1							7. N4
1. Title of Security (Instr. 3) 2. Transa Date (Month/E							2A. Deemed Execution Date, if any (Month/Day/Year		Code (Instr.					Benefic	ies	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	n: Direct or Indirect 1	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	Amount (A) or (D)		Report Transa	ed ction(s) 3 and 4)	"		(Instr. 4)
Common Stock 05/08					8/201	2013			A ⁽¹⁾	A ⁽¹⁾) A	\$41.	74 4	44,675		D	
401k Plan														488			401k Plan	
Common Stock/serp													1	13,924		D		
		-	Table II -								osed of			y Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	d Date,	4. Transaction Code (Instr. 8)		5. Number of		6. Date Exercisa Expiration Date (Month/Day/Yea		sable and	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		Derivative Security	9. Number derivative Securitie Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares	1				
Stock Option	\$41.74	05/08/2013			A		26,220		(2)		05/07/2020	Common Stock	26,220	\$0	26,22	20	D	
Stock Option	\$14.5378								(3)		04/22/2016	Common Stock	33,480		33,48	80	D	
Stock Option	\$19.5867								(4)		04/28/2017	Common Stock	35,725		35,72	!5	D	
Stock Option	\$29.8267								(5)		05/02/2018	Common Stock	25,965		25,96	55	D	
Stock Option	\$34.0467								(6)		04/30/2019	Common Stock	29,955		29,95	i5	D	

Explanation of Responses:

- $1.\ Constitutes\ restricted\ stock\ issued\ under\ the\ AMETEK,\ Inc.\ 2007\ Omnibus\ Incentive\ Compensation\ Plan.$
- 2. The stock options will become exercisable in four equal annual installments beginning on May 8, 2014.
- 3. The stock options will become exercisable in four equal annual installments beginning on April 23, 2010.
- 4. The stock options will become exercisable in four equal annual installments beginning on April 29, 2011.
- 5. The stock options will become exercisable in four equal installments beginning on May 3, 2012.
- 6. The stock options will become exercisable in four equal installments beginning on May 1, 2013.

/s/Amy M. Brown, attorney-infact for Mr. Hardin

05/09/2013

** 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.