## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

TATEMENT	OF CHANGES	IN BENEFICIAL	<b>OWNERSHIP</b>

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

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1. Name and Address of Reporting Person*  Oscher Ronald J						2. Issuer Name <b>and</b> Ticker or Trading Symbol  AMETEK INC/ [ AME ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director  Officer (give title Other (specify below)  PRES ELECTRONIC INSTRUMENTS					
(Last) (First) (Middle) 1100 CASSATT ROAD					3. Date of Earliest Transaction (Month/Day/Year) 12/31/2015																
(Street)	N PA	4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										Form filed by More than One Reporting      Form filed by More than One Reporting								
(City)	(S	tate)	(Zip)											Person							
		Tab	le I - No	n-Deri\	ative	Se	curiti	es A	cqui	ired,	Dis	posed (	of, or	Ben	eficial	ly Owne	d				
			Date	2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		·,   T	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4				Benefic Owned	es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
											v	Amount	(A (D	) or )	Price	Transac	Reported Transaction(s) (Instr. 3 and 4)				
Common Stock/serp				12/31	/2015	/2015				J <sup>(1)</sup>		787		A S		34 3	,252		D		
401k Plan																856			401k Plan		
Common Stock															17	17,616		D			
		Т	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)	Date Executio			ansaction de (Instr.		n of E		6. Date Exercisa Expiration Date (Month/Day/Yea			e and of Securitie Underlying Derivative S (Instr. 3 and		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction( (Instr. 4)	ly	10. 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		xpiration ate	Title	0 0	Amount or Number of Shares						
Stock Option	\$29.8267									(2)	0.5	5/02/2018	Comm		5,315		5,315		D		
Stock Option	\$34.0467									(3)	04	4/30/2019	Comm Stoc		14,976		14,976	5	D		
Stock Option	\$41.74									(4)	05	5/07/2020	Comm Stoc		13,990		13,990	)	D		
Stock Option	\$53.13									(5)	05	5/07/2021	Comm Stoc		12,100		12,100	)	D		
Stock Option	\$52.27									(6)	05	5/05/2022	Comm		21,110		21,110		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.
- $2. \ The \ stock \ options \ will \ become \ exercisable \ in \ four \ equal \ installments \ beginning \ on \ May \ 3, \ 2012.$
- 3. The stock options will become exercisable in four equal installments beginning on May 1, 2013.
- $4. \ The \ stock \ options \ will \ become \ exercisable \ in \ four \ equal \ installments \ beginning \ on \ May \ 8, \ 2014.$
- 5. The stock options will become exercisable in four equal installments beginning on May 8, 2015.
- 6. The stock options will become exercisable in four equal annual installments beginning on May 6, 2016.

/s/Ronald J. Oscher 12/31/2015

\*\* Signature of Reporting Person

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.