Instruction 1(b)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See

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* MANDOS ROBERT R							2. Issuer Name and Ticker or Trading Symbol AMETEK INC/ [AME]											l appli Directo	cable)	g Per	son(s) to Iss 10% Ov Other (s	vner
(Last) (First) (Middle) 1100 CASSATT ROAD						3. Date of Earliest Transaction (Month/Day/Year) 05/09/2016												elow)		E VI	below)	ьреспу
(Street) BERWY					4. If												6. Individual or Joint/Group Filin Line) X Form filed by One Rep Form filed by More tha				orting Perso	n
(City)	(S	tate)													Person							
		Tab	le I - No	n-Deriv	vative	e Se	curi	tie	s Ac	quired	, Dis	pose	d o	f, or	Ben	eficia	lly O	vne	t			
Date					saction /Day/Yea	2A. Deemed Execution Date, if any (Month/Day/Year)			3. Trans Code r) 8)						4 and Securi Benefi Owned		es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
										Code	v	Amo	unt	(A) or D)	Price	Tr	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 05/0						6				F ⁽¹⁾		1,	1,741		D	\$46.3	31	100,790		D		
401k Plan																	1				401k Plan	
Common Stock/serp																		22	2,792		D	
		Т	able II -							uired, I , optio						-	y Owi	ned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemd Execution if any (Month/Da	Date,		Transactior Code (Instr.		n of E			. Date Exercisa xpiration Date Month/Day/Year			d 7. Title and A of Securities Underlying Derivative Se (Instr. 3 and 4		ecurity	8. Pri Deriv Secui (Instr	ative rity	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owner S Form: Ully Direct or Indi (I) (Ins	Ownership	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)			Date Exercisal		Expiratio Date		ON NO O		Amount or Number of Shares						
Stock Option	\$29.8267									(2)	()5/02/20	18	Comn		15,150			15,150		D	
Stock Option	\$34.0467									(3)	(04/30/20	19	Comn		28,704			28,704		D	
Stock Option	\$41.74									(4)	T ()5/07/20	20	Comn		17,200			47,200		D	
Stock Option	\$53.13									(5)	()5/07/20	21	Comm		33,490			33,490		D	
Stock Option	\$52.27									(6)		05/05/20	22	Comn		15,750			45,750		D	

Explanation of Responses:

- 1. Represents withholding of shares to pay withholding taxes incurred in connection with 3rd year vesting (25%) of restricted stock issued on May 8, 2013 and 2nd year vesting (25%) of restricted stock issued
- 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 annual installments beginning on May 8, 2014.
- 5. The stock options will become exercisable in four equal annual installments beginning on May 8, 2015.
- 6. The stock options will become exercisable in four equal annual installments beginning on May 6, 2016.

/s/Joy D. Atwell, attorney-infact for Mr. Mandos

05/11/2016

** 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.