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
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* <u>EGINTON WILLIAM D</u>						2. Issuer Name and Ticker or Trading Symbol AMETEK INC/ [AME]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) 1100 CASSATT ROAD P.O. BOX 1764					05	3. Date of Earliest Transaction (Month/Day/Year) 05/01/2012								X Officer (give title Other (specify below) SENIOR VP-CORP. DEVELOPMENT					
(Street) BERWYN PA 19312-1177					_ 4.	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. I Lin									Individual or Joint/Group Filing (Check Applicable le) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	ty) (State) (Zip)																		
		Tab	ole I - Nor			_				Dis	1			lly Owne					
1. Title of Security (Instr. 3) 2. Trans Date (Month/							2A. Deemed Execution Date, if any (Month/Day/Year		Code (Inst				ed (A) or tr. 3, 4 an	d Securit Benefic Owned	5. Amount of Securities Beneficially Owned Following Reported		n: Direct r Indirect I istr. 4) (7. Nature of Indirect Beneficial Ownership (Instr. 4)	
										v	Amount	(A) or (D)	Price	Transa	ed ction(s) 3 and 4)			(instr. 4)	
Common	05/0)1/201	2			A ⁽²⁾		3,070) A	\$51.	07 6	60,140		D					
401k Plan													3	3,218			401(k) Plan		
Common Stock/deferred Compensation														5,352		D			
Common Stock/serp													1	10,882		D			
		-										, or Bend ble secu		y Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	Code (Inst				6. Date Exercisal Expiration Date (Month/Day/Year		of Securities		ies g Security	Derivative Security		e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	Amount or Number of Shares	1					
Stock Option	\$51.07	05/01/2012			A		10,912		(1)	0	04/30/2019	Common Stock	10,912	\$0	10,91	2	D		
Stock Option	\$24.2933								(3)	C	04/23/2014	Common Stock	12,687	7	12,68	7	D		
Stock Option	\$32.4								(4)	C	04/22/2015	Common Stock	14,194	1	14,19	4	D		
Stock Option	\$21.8067								(5)	C	04/22/2016	Common Stock	24,780)	24,78	0	D		
Stock Option	\$29.38								(6)	C	04/28/2017	Common Stock	17,457	7	17,45	7	D		
Stock Option	\$44.74								(7)	0	05/02/2018	Common Stock	9,732		9,732	2	D		

Explanation of Responses:

- 1. The stock options will become exercisable in four equal installments beginning on May 1, 2013.
- 2. Constitutes restricted stock issued under the 2007 Omnibus Incentive Plan.
- 3. The stock options will become exercisable in four equal installments beginning on April 24, 2008.
- 4. The stock options will become exercisable in four equal installments beginning on April 23, 2009.
- 5. The stock options will become exercisable in four equal annual installments beginning on April 23, 2010.
- $6. \ The stock options will become exercisable in four equal annual installments beginning on April 29, 2011.$
- 7. The stock options will become exercisable in four equal installments beginning on May 3, 2012.

/s/ William D. Eginton

05/02/2012

** 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.