## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 3235-0287
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).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

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>CIAMPITTI TONY J</u>						2. Issuer Name and Ticker or Trading Symbol AMETEK INC/ [ AME ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director						
(Last) (First) (Middle) 1100 CASSATT ROAD						3. Date of Earliest Transaction (Month/Day/Year) 11/22/2024									Officer (give title below)  Other (specify below)  PRES ELECTRONIC INSTRUMENTS					
(Street) BERWY (City)		PA 19312 (State) (Zip)			4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									Line)	Individual or Joint/Group Filing (Check Applicable te)  Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tak	ole I -	Non-Deri	ivativ	e Se	curit	ties A	cqu	uired,	Di	sposed c	of, or I	3enefi	cially	Owned				
				2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, r) if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		1   D	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			d 5)	Beneficially Owned Follo		Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership	
								Cod	de V	A	Amount	(A) or (D)	Price		Transac	Reported Fransaction(s) Instr. 3 and 4)			(Instr. 4)	
Common Stock 11/22/2024					024			M	ſ		16,210	A	\$7	3.45	65	65,700		D		
Common Stock 11/22/202				024	1		S		T	16,210	D	\$197.	97.0098(1)		49,490		D			
401k Plan																2,	742			401k Plan
Common Stock/ Serp																8,785			D	
			Table									posed of converti				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu if any	3A. Deemed Execution Date, If any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		. Date Ex xpiration Month/Da	n Da		7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)			3. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownershi (Instr. 4)
					Code	e V (A)		(D)		Date Exercisable		Expiration Date	Title	or Nur of	ount mber ires					

## Explanation of Responses:

\$73.45

Stock

Option

1. The shares were sold at prices ranging from \$196.76 to \$197.40, and the price reported in Column 4 is a weighted average price. Upon request by the Securities and Exchange Commission, AMETEK, Inc. or any security holder of AMETEK, Inc., the reporting person will provide information regarding the number of shares sold at each separate price.

(2)

05/07/2028

16,210

2. The stock options vested in three equal installments on May 8, 2019, 2020 and 2021.

11/22/2024

/s/ Lynn Carino, attorney-infact for Mr. Ciampitti

16,210

Stock

\$<mark>0</mark>

11/25/2024

0

D

\*\* 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.