## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

## FORM 4

// Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b) OMB APPROVAL OMB NUMBER: 3235-0287 Expires: January 31, 2005 Estimated average burden hours per response.......0.5

## Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(f) of the Investment Company Act of 1940

(Print or Type	e Responses)							
Name and Address of Reporting Person*  Varet Elizabeth R.  (Last) (First) (Middle)		2. Issuer Name an	nd Ticker or Trading Symbol	6. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director10% OwnerOfficer(giveOther (specify title below)				
		AMETEK, INC.	(AME)					
American Securities 666 Third Avenu (Street)  New York NY (City) (State)	s Capital Partners, L.P. e 10017 (Zip)	3. IRS Identification Number of Reporting Person, if an entity (Voluntary)	4. Statement for Month/Year  December 3, 2002  5. If Amendment, Date of Original (Month/Year)	X Form filed by	Group (Check Applicable Line One Reporting Person More than One Reporting Person			
			Table I - Non-Derivativ	ve Securities Benef	icially Owned			
1. Title of Security (Instr. 3)	2. Trans- action Date (Month/ Day/ Year)	3.Trans- action Code (Instr. 8) Code V	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)  Amount (A)or (D) Price	5. Amount of Securities Beneficially Owned at End of Month (Instr. 3 and 4)	6. Owner- ship Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficie Owner- ship (Instr. 4)		
Common Stock	12/03/02	S	6,200 D 37.9953					
				64,000	D			
				1,800	I	(1)		
				491,888	Ī	(2)		

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).

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB-control number.

		(A) (D)	cisable Date	Shares	of Month (Instr. 4)		
for children.			y beneficial interest nd co-beneficiary.	t in such shares.			
			/s/ Elizabeth l	R. Varet	12/05	/02	

\*\*Signature of Reporting Person

Date

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See~18~U.S.C.~1001 and 15~U.S.C.~78ff(a)