FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

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

2. Issuer Name and Ticker or Trading Symbol

Name and Address of Reporting Person*     MANDOS ROBERT R							2. Issuer Name <b>and</b> Ticker or Trading Symbol AMETEK INC/ [ AME ]											of Reporting Pelicable) or r (give title		rson(s) to Iss 10% Ov Other (s	wner	
(Last) (First) (Middle) 1100 CASSATT ROAD P.O. BOX 1764						3. Date of Earliest Transaction (Month/Day/Year) 12/31/2012											below)		<b>'E V</b> I	below)	эрсспу	
(Street) BERWYN PA 19312-1177					4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)											6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
(City) (State) (Zip)																						
1. Title of	Security (Ins		le I - No	2. Transa		2	A. Deen	ned	3.		Ť	4. Securit	ties A	Acquire	d (A) or		5. Amou	ınt of			7. Nature of Indirect	
				(Month/Day/Ye					Code	e (Ins				2 . (5) (11511 5, 4			Benefic	ially Following	(D) c	or Indirect nstr. 4)	Beneficial Ownership (Instr. 4)	
									Cod	v		Amount		(A) or (D)	Price		Transac (Instr. 3	tion(s)			(	
Common Stock/serp 12/31/2						:012			J <sup>(1)</sup>			498		A	\$37.	.568	17	',043		D		
401k Plan																		1		T I	401k Plan	
Common Stock																	102,341			D		
		Т	able II -	Deriva (e.g., p													wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Executior if any (Month/Da	n Date,	4. Transa Code ( 8)		of Deriv Secu Acqu (A) o Dispo	osed ) r. 3, 4	6. Date Exercisa Expiration Date (Month/Day/Yea				7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		es J Security	De Se	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	ode V		(D)	Date Exercis	able	Ex <sub> </sub>	piration te	or No of		Amount or Number of Shares	er						
Stock Option	\$14.5378								(2)		04/	/22/2016		nmon :ock	40,54	0		40,540		D		
Stock Option	\$19.5867								(3)		04/	/28/2017		nmon ock	29,07	9		29,079	)	D		
Stock	\$29.8267								(4)		05/	/02/2018	Con	nmon	15,15	0		15,150	)	D		

## **Explanation of Responses:**

\$34.0467

Option

Stock

Option

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.

(5)

- 2. The stock options will become exercisable in four equal annual installments beginning on April 23, 2010.
- 3. The stock options will become exercisable in four equal annual installments beginning on April 29, 2011.
- 4. The stock options will become exercisable in four equal installments beginning on May 3, 2012.
- 5. The stock options will become exercisable in four equal installments beginning on May 1, 2013.

/s/Kathryn E. Sena, attorneyin-fact for Mr. Mandos

28,704

Stock

Common

Stock

04/30/2019

12/31/2012

28,704

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.