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

IIP
II

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

Name and Address of Reporting Person* ZAPICO DAVID A						2. Issuer Name and Ticker or Trading Symbol AMETEK INC/ [AME]									ck all appli Direct	icable)	ig Per	rson(s) to Iss 10% O Other (s	wner	
(Last) (First) (Middle) 1100 CASSATT ROAD					3. Date of Earliest Transaction (Month/Day/Year) 02/05/2014									_ >	below		E VI	below)		
P.O. BOX 1764 (Street) BERWYN PA 19312-1177 (City) (State) (Zip)				.77	4. If										6. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	le I - No	n-Deriv	ative	_			-	l, Dis	 				y Owne	d				
Date					2. Transaction Date (Month/Day/Year)			Execution Date,		Code (Instr.		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			Benefic Owned	ies ially Following	Forr (D) (n: Direct	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) (D)	or F	Price	Reporte Transac (Instr. 3	ction(s)			(Instr. 4)	
Common Stock/serp 02/05/2							2014				1,133	3 A \$4		549.04	9 39	39,981		D		
Common Stock														95	5,594		D			
		7	able II -	Deriva (e.g., p	tive S uts, o	Seci call:	uritie: s, wa	s Acc rrant	quired, s, optic	Disp	osed of	f, or Bo	nefi curit	cially ies)	Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deem Executior if any (Month/Da	Date,	4. Transactic Code (Inst 8)				6. Date Exercisa Expiration Date (Month/Day/Yea		•	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		urity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owners Form: Direct (I or Indire (I) (Instr	Ownership	Beneficial Ownership (Instr. 4)	
					Code	v			Date Exercisa		Expiration Date	Title	or Nu of	nount mber ares						
Stock Option	\$14.5378								(2)		04/22/2016	Commo	n 34	,442		34,442	2	D		
Stock Option	\$19.5867								(3)	(04/28/2017	Commo	n 47	,632		47,632	2	D		
Stock Option	\$29.8267								(4)	(05/02/2018	Commo	n 25	,965		25,965	5	D		
Stock Option	\$34.0467								(5)	(04/30/2019	Commo	n 31	,200		31,200)	D		
Stock	\$41.74								(6)	1,	05/07/2020	Commo	n Fo	.760		58,760		D		

Explanation of Responses:

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.
- 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.
- 6. The stock options will become exercisable in four equal annual installments beginning on May 8, 2014.

/s/ David A. Zapico 02/05/2014 ** 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.