FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| wasiiiigton, | D.C. 20049 | |
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| | | |

OMB APPROVAL OMB Number:

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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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|--|---------------------------|--|------------------------|-----------------|---|---|--|--|---|--------|-------------------------|---|-----------------------------------|-----------------|--|---|--|--------------------|--|--|
| | nd Address of Ronald J | Reporting Person* | | | | | | | cker or | | ng Symbol | | | | tionship all appli Directo | cable) | g Pers | son(s) to Iss | | |
| (Last) 1100 CA | (Fi | • | (Middle) | 1 | | Date of /20/20 | | st Trai | unsaction (Month/Day/Year) | | | | | | below) | cer (give title ow) ADMINISTRA | | Other (s below) | . , | |
| (Street) | N PA | A | 19312 | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | |
| (City) | (St | tate) | (Zip) | | | | | | | | | | | | Perso | n | | | | |
| | | Tab | le I - N | Non-Deri | vative | Sec | uriti | es A | cquire | ed, D | isposed o | of, or E | Benefic | ially | Owned | k | | | | |
| 1. Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Yea | | Execution Date, | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an | | | Beneficial Owned Fo | | ies ially Following | Form (D) o | n: Direct r Indirect istr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | | | ction(s) 3 and 4) | | | (Instr. 4) | | |
| Common Stock | | 12/20/2 | 019 | | | | M | | 5,000 | A | \$52 | 27 | 31 | ,329 | | D | | | | |
| Common | ommon Stock | | 12/20/2 | 019 | | | | S | | 5,000 | D | \$99.7 | 325(1) | 26 | 5,329 | | D | | | |
| Common | ommon Stock/ Serp | | 12/20/2 |)19 | | | | | | 7 | A | \$ | 0 | 4,694 | | D | | | | |
| 401k Plan | | | | | | | | | | | | | | 8 | 379 | | | 401k Plan | | |
| | | 7 | able I | | | | | | | | sposed of , converti | | | | wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security | | 3. Transaction Date (Month/Day/Year) | Execution Date, if any | | 4. Transaction Code (Instr. 8) | | | | 6. Date Exerc Expiration Day (Month/Day/) | | ate | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | De Se (Ir | Price of erivative ecurity estr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | Owners Form: Direct (or Indir (I) (Inst | Ownership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exerci | isable | Expiration Date | Title | Amou or Numl of Share | nber | | | | | | |
| Stock Option | \$52.27 | 12/20/2019 | | | M | | | 5,000 | (3 | 3) | 05/05/2022 | Commo Stock | ⁿ 5,00 | 00 | \$0 | 16,110 | | D | | |

Explanation of Responses:

- 1. The shares were sold at prices ranging from \$99.7238 to \$99.7800. Upon request by the SEC staff the issuer or any security holder of the issuer, the reporting person will provide information regarding the number of shares sold at each separate price.
- $2.\ Represents\ dividend\ reinvestment\ under\ the\ AMETEK,\ Inc.\ Supplemental\ Executive\ Retirement\ Plan.$
- 3. The stock options will become exercisable in four equal annual installments beginning on May 6, 2016.

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

12/23/2019

** 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.