FORM 5

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	$D \subset$	205/10
wasiiiigton,	D.C.	20549

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OMB APPROVAL								
OMB Number:	3235-0362							
Estimated average burden								

1.0

hours per response

	Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).
\Box	Form 3 Holdings Reported.

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL **OWNERSHIP**

Form 4 Transactions Reported. 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* MALONE JAMES R					2. Issuer Name and Ticker or Trading Symbol AMETEK INC/ [AME]							Relationship of Reporting Person((Check all applicable) X Director					Issuer Owner		
(Last) QORVAI	`	rst) (Middle)	3. Statem 12/31/20		ent for Issuer's Fiscal Year Ended (Month/Day/Year) 114							Office below	er (give title w)		Othe belo	er (specify w)		
3606 ENTERPRISE AVENUE, SUITE 205			4. If Amer	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) NAPLES FL 34104				_								X Form filed by One Reporting Person Form filed by More than One Reporting Person							
(City)	(St	ate) (Zip)																
		Tab	e I - Non-Deriv	ative Sec	uriti		cquire	1		-		_	/ Owne	d					
Date (Month/Day/Year)			Execution I	Execution Date, if any		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Dispos Of (D) (Instr. 3, 4 and 5)				5. Amour Securitie Beneficia Owned a	s Illy	6. Owne Form: (D) or	rship : Direct	7. Nature of Indirect Beneficial Ownership			
			(monanabay				Amo	ount	(A) or (D)	Price	Issuer			Indire (Instr.	ct (I)	Instr. 4)			
Common Stock										2,4		150 ⁽¹⁾		D					
		Ta	able II - Deriva (e.g., p	tive Secu outs, calls								y C	Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	Securities Am Am		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)				10. Ownersh Form: Direct (D or Indire (I) (Instr.	Beneficial Ownership ct (Instr. 4)					
					(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares								
Stock Option	\$29.8267						(2)		05/02/2018	Common Stock	1,014			1,014	4	D			
Stock Option	\$34.0467						(3)		04/30/2019	Common Stock	2,363			2,363	3	D			
Stock Option	\$30.74						(4)		07/25/2019	Common Stock	786			786		D			

Explanation of Responses:

Option

Stock Option

\$41.74

\$53.13

1. Since the date of the reporting person's last ownership report, the reporting person entered into a domestic relations order. The reporting person no longer reports as beneficially owned 3,352 securities of the Company that are owned by his ex-wife.

(6)

- 2. The stock options will become exercisable in four equal installments beginning on May 3, 2012.
- 3. The stock options will become exercisable in four equal installments beginning on May 1, 2013.
- 4. The stock options will become exercisable in four equal annual installments beginning on July 26, 2013.
- $5. \ The stock options will become exercisable in four equal annual installments beginning on May 8, 2014.$
- 6. The stock options will become exercisable in four equal annual installments beginning on May 8, 2015.

/s/Kathryn E. Sena, attorney-01/02/2015 in-fact for Mr. Malone

** Signature of Reporting Person

3,893

3,740

Common

Stock

Common Stock

05/07/2020

05/07/2021

Date

3,893

3,740

D

D

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.