Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | DC | 20549 |
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| vvasi ii iytori, | D.C. | 20349 |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| | OMB APPI | PROVAL | | | | | | | |
|-----|--------------------------|-----------|--|--|--|--|--|--|--|
| | OMB Number: | 3235-0287 | | | | | | | |
| | Estimated average burden | | | | | | | | |
| - 1 | l | 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

| 1. Name and Address of Reporting Person* Oscher Ronald J | | | | | 2. Issuer Name and Ticker or Trading Symbol AMETEK INC/ [AME] | | | | | | | | | (Che | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify | | | | | |
|---|---|--|---|---------|---|-------------------------------|--------|-------------|------------------------------------|--------|--|---|-------------|---|---|--|---|--|--|--|
| (Last) 1100 CA | (F SSATT RC | , | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 03/20/2020 | | | | | | | | | X Officer (give title Officer (specify below) CHIEF ADMINISTRATIVE OFFICER | | | | | | |
| (Street) BERWY (City) | | tate) | 19312 (Zip) | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Line | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| Table I - No 1. Title of Security (Instr. 3) | | | 2. Transa Date | saction | | 2A. Deemed Execution Date, | | 3. Trans | 3. Transaction Code (Instr. 5 | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | 5. Amount of Securities Beneficially Owned Following | | Form (D) or | n: Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A (C | A) or D) | Price | Reported Transact (Instr. 3 | tion(s) | | | (Instr. 4) | |
| Common | Common Stock | | | 03/20 | .0/2020 | | | | A ⁽¹⁾ | | 3,170 |) | A | \$63.3 | 7 29,499 | | | D | | |
| 401k Plai | n | | | | | | | | | | | | | | 882 I | | | | 401k Plan | |
| Common | Common Stock/ Serp | | | | | | | | | | | | | | 4, | 4,705 | | D | | |
| | | - | Гable II - | | | | | | | | osed of, onverti | | | | 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 Da if any (Month/Day/ | Date, T | ransa Code (l | | of I | | 6. Date E Expiratio (Month/E | n Date | • | 7. Title and Am of Securities Underlying Derivative Seci (Instr. 3 and 4) | | ecurity | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | Own S For Illy Dir Or I (I) (| 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | c | Code | ٧ | (A) | (D) | Date Exercisa | | Expiration Date | Title | 0 N 0 | lumber | | | | | | |
| Stock Option | \$63.37 | 03/20/2020 | | | A | | 14,310 | | (2) | (| 03/20/2030 | Comm | | 14,310 | \$0 | 14,31 | 0 | D | | |

Explanation of Responses:

- 1. Constitutes restricted stock issued under the AMETEK, Inc. 2011 Omnibus Incentive Compensation Plan.
- $2. \ The \ stock \ option \ will \ become \ exercisable \ in \ three \ equal \ annual \ installments \ beginning \ on \ March \ 20, \ 2021.$

/s/ Lynn Carino, attorney-in-03/23/2020 fact for Mr. Oscher

** 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.