FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 | |
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| 3 , | | | |

| STATEMENT | OF CHANGES | IN BENEFICIAL | OWNERSHIP |
|-----------|------------|---------------|-----------|
| | | | |

| OMB APPROVAL | | | | | | | | | | |
|--------------------------|--------|--|--|--|--|--|--|--|--|--|
| OMB Number: 3235-02 | | | | | | | | | | |
| Estimated average burden | | | | | | | | | | |
| hours per response | e: 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

| CIAMI (Last) | nd Address of PITTI TO (Fir SSATT RO | st) (M | Middle) | | 2. Issuer Name and Ticker or Trading Symbol AMETEK INC/ [AME] 3. Date of Earliest Transaction (Month/Day/Year) 02/21/2023 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | (Chec | k all app Direct Office below ES E | plicable) ector cer (give title ow) ELECTRONIC | | Person(s) to Issuer 10% Owner Other (specification) IC INSTRUMENT Filing (Check Applica | |
|---|---|--------|------------------------------|-------------------------------------|--|---|------------------|---|-------|---|--------|------------|---|--------|--|--|--|---|--------------|
| (Street) BERWY (City) | N PA | | 9312 Zip) | | | 4. II Ameriument, Date of Original Filed (Month/Day/Year) | | | | | | | Line) | | | | | on | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| Date | | | Date | Date Exec Month/Day/Year) if any | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | | | | 4 and Securiti Benefic Owned | | ties cially I Following | Forr (D) | m: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or Pri | ce | Reported Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common Stock 02/2 | | | 02/21/ | 2023 | | | | A ⁽¹⁾ | | 6,043 | Α | | \$ <mark>0</mark> | 47,163 | | | D | | |
| Common Stock 02/21/. | | | 2023 | .023 | | | F ⁽²⁾ | | 1,937 | Г | \$ | 143 | 4 | 5,226 | | D | | | |
| 401k Plan | | | | | | | | | | | | | | | 2 | ,727 | | | 401k Plan |
| Common Stock/ Serp | | | | | | | | | | | | | | | 8 | ,173 | | D | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | rivative Conversion or Exercise Price of Derivative Security Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) Tr. Cc (Month/Day/Year) | | 4. Transa Code (8) | | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | | te | 7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4) Amour or Numbe of Title Shares | | De Se (In | Price of lerivative ecurity nstr. 5) Beneficial Owned Following Reported Transactic (Instr. 4) | | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |

Explanation of Responses:

- 1. Settlement of PRSU's awarded on March 20, 2020.
- $2. \ Represents \ withholding \ of \ shares \ to \ pay \ withholding \ taxes.$

/s/ Lynn Carino, attorney-in-02/22/2023 fact for Mr. Ciampitti

** 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.