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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to |
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| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| Instruction 1(b). |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

| OMB APPROVAL | | | | | | | | |
|-------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average burde | en | | | | | | | |
| hours per response: | 0.5 | | | | | | | |

| 1. Name and Address of Reporting Person* MONTGOMERY THOMAS M | | | 2. Issuer Name and Ticker or Trading Symbol <u>AMETEK INC/</u> [AME] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | |
|---|---------|----------|--|--|---|-----------------------|--|--|
| I (LASI) (FIRSI) (MIDDIE) I | | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 03/13/2019 | X | Officer (give title below) SR. VP COMPT | Other (specify below) | | |
| (Street) BERWYN | РА | 19312 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) X | vidual or Joint/Group Filing Form filed by One Repo Form filed by More thar | orting Person | | |
| (City) | (State) | (Zip) | | | Person | · -·····g | | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|------|---|--------|---------------|---------|---|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1130.4) |
| Common Stock | 03/13/2019 | | М | | 3,000 | A | \$41.74 | 22,991 | D | |
| Common Stock | 03/13/2019 | | S | | 3,000 | D | \$81 | 19,991 | D | |
| 401k Plan | | | | | | | | 3,324 | I | 401k Plan |
| Common Stock/serp | | | | | | | | 1,765 | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Deri Sec Acq (A) Disp of (I | oosed D) tr. 3, 4 | Expiration Date (Month/Day/Year) ies ied ed | | e Amount of ar) Securities | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|--|-------------------------|---|--------------------|-------------------------------|--|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Stock Option | \$41.74 | 03/13/2019 | | М | | | 3,000 | (1) | 05/07/2020 | Common Stock | 3,000 | \$0 | 0 | D | |

Explanation of Responses:

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

<u>/s/ Joy D. Atwell, attorney-in-</u> fact for Mr. Montgomery

03/13/2019

** 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.