FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | |
| Estimated average hurden | | | | | | | | |

0.5

hours per response:

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

| | | | | | | | . , | | | | · · | | | | | | | | | | |
|--|---|--|--|----------------------|---|--|--------|--------------------------------------|------------------------------------|--|---|-------|-------------------|-------|---|---|---|-------------|---------------------------------------|------------|--|
| 1. Name and Address of Reporting Person* | | | | | | 2. Issuer Name and Ticker or Trading Symbol AMETEK INC/ [AME] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| Conti Anthony James | | | | | | | | | | | | | | | X | Direc | ctor | 1 | 0% O | wner | |
| (Last) (First) (Middle) 76 GOLF VIEW DRIVE | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/09/2019 | | | | | | | | | | Office | er (give title v) | | ther (elow) | specify | |
| | | | | | 4 If A | Amer | ndment | Date o | f Original | Filed | (Month/Da | av/Ye | ar) | 6 | Indiv | idual o | r Joint/Group | Filing (Che | eck Aı | nnlicable | |
| (Street) | D PA | . 1 | 18974 | | | | | 2410 0 | . Ong.iia | | (| .,, | , | | ine) | Form | n filed by One | Reporting | Perso | on | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | Person | | | | | | |
| | | Tabl | e I - Noi | n-Deriva | ative | Sec | uritie | s Acc | quired, | Dis | posed o | f, oı | Ben | efici | ally (| Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | Exe ay/Year) if a | | A. Deemed execution Date, any Month/Day/Year) | | Transaction Disposed Code (Instr. 5) | | ties Acquired (A) d Of (D) (Instr. 3, 4 | | | 4 and S B O | | Securities Beneficially | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | | Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) | |
| Common | Stock | | | 05/09/ | /2019 | | | | A ⁽¹⁾ | | 1,860 | | A | \$85 | .45 | 1 | 7,198 | D | | | |
| | | Та | | | | | | | | | sed of, onvertib | | | | y Ov | vned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | 4. Transaction Code (Instr. 3) | | | | 6. Date E Expiratio (Month/D | е | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | | vative irity r. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownershi Form: Direct (D) or Indirec (I) (Instr. 4 | (D) rect | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nur of | nber | | | | | | | |

Explanation of Responses:

 $1.\ Constitutes\ restricted\ stock\ issued\ under\ the\ AMETEK,\ Inc.\ 2011\ Omnibus\ Incentive\ Compensation\ Plander and the ametical plane of the compensation of$

/s/ Joy D. Atwell, attorney-infact for Mr. Conti

05/10/2019

** 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.