FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
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Check this box if no longer subject	
to Section 16. Form 4 or Form 5	
obligations may continue. See	
Instruction 1(b).	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response	: 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* McClain Gretchen W					2. Issuer Name and Ticker or Trading Symbol AMETEK INC/ [AME]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
ivicolui	in Gretein	CII VV										X	_		10% Owner		vner			
(Last)	(Fir	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 09/21/2023									Office	er (give title v)		Other (s below)	specify		
172 WH	ITE PINE (CANYON ROAI)									6. Individual or Joint/Group Filing (Check Applicable Line)					pplicable			
(Street)														X Form filed by One Reporting Person						
PARK C	ITY UT	8	4060											Form filed by More than One Reporting Person						
(City)	(Sta	ate) (Z	Zip)		Rul	Rule 10b5-1(c) Transaction Indication							n							
Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										nded to										
		Table	I - No	n-Deriva	tive S	Secu	rities	s Acq	uired,	Dis	posed of	, or B	enefici	ially	Own	ed				
Da		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)				es Acquired (A) Of (D) (Instr. 3, 4		4 and Secur Benef Owne		cially I Following	Form:	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership					
									Code	v	Amount	(A) or (D)	Price		Report Transa (Instr.	ction(s) 3 and 4)			(Instr. 4)	
Common Stock/ Deferred Compensation			09/21/2	/2023				A ⁽¹⁾		215	A	\$151	51.03		3,143		D			
Common	Stock/ Def	erred Compensa	tion	09/21/2	2023			J ⁽²⁾		4	A	\$(\$0		3,147		D			
Common Stock													1	5,971		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)	if any	emed ion Date, /Day/Year)	Transaction of			Expiration Date Amor (Month/Day/Year) Secu Unde Deriv Secu			7. Title Amour Securi Underl Deriva Securi 3 and	nt of ties lying tive ty (Instr.	8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	/ D	Downership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date		Amount or Number of Shares							

Explanation of Responses:

- 1. Represents a deemed investment in shares of AMETEK, Inc. common stock ("Common Stock") issued pursuant to the AMETEK, Inc. Directors' Deferred Compensation Plan (the "Plan"). Such investment is considered a grant of stock units until distribution in accordance with the Plan, at which time such distribution is made in the form of Common Stock on a one-for-one basis.
- 2. Represents dividend reinvestments pursuant to the Plan.

/s/ Lynn Carino, attorney-infact for Ms. McClain

09/22/2023

** 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.