Instruction 1(b)

FORM 4

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

1. Name and Address of Reporting Person*

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEF	ICIAL	OWNERS	HIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

5. Relationship of Reporting Person(s) to Issuer

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

2. Issuer Name and Ticker or Trading Symbol

CIAMI	PITTI TO	NY J			$ \frac{\mathbf{A}}{\mathbf{A}} $	<u>ME</u>	TEK II	NC/	[AME]]				(Chec	Directo	or		10% Ow	·
(Last) 1100 CA	(F SSATT RC	*	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/09/2017									X PF	below)	(give title	IIC IN	Other (s below) ISTRUM	
(Street) BERWY (City)			19312 (Zip)		4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tak	ole I - Nor	n-Deriv	ativ	e Se	curitie	s Ac	quired,	Dis	posed o	f, or B	enefic	ially	Owned				
1. Title of Security (Instr. 3)				2. Transaction Date (Month/Day/Year)			2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.				ired (A) nstr. 3, 4	4 and Securitie Benefici Owned F		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
										Code V Amount		(A) (D)	or Pr	ice	Reported Transact (Instr. 3	ransaction(s) nstr. 3 and 4)			(Instr. 4)
Common Stock				05/09	9/2017				A ⁽¹⁾		7,09	O A	\$	60.3	0.3 29,203			D	
401k Plai	ı														2,	628 I I I		401k Plan	
Common Stock/serp													3,726]	D			
			Table II -						uired, D , option						Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution	Date, T	Transaction Code (Instr.		of		6. Date Ex Expiration (Month/Da	n Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			B. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	e s i lly i	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amo or Num of Shar	ber					
Stock Option	\$60.3	05/09/2017			A		30,850		(2)	0	5/08/2024	Commor Stock	30,8	350	\$0	30,850		D	
Stock	\$41.74								(3)	0	5/07/2020	Common	2,7	56		2,756		D	

(4)

(5)

(6)

Explanation of Responses:

\$53.13

\$52.27

\$46.96

Option

Stock

Option

Stock

Option

Stock

- 1. Constitutes restricted stock issued under the AMETEK, Inc. 2011 Omnibus Incentive Compensation Plan.
- $2. \ The \ stock \ options \ will \ become \ exercisable \ in \ four \ equal \ annual \ installments \ beginning \ on \ May \ 9, \ 2018.$
- 3. The stock options will become exercisable in four equal annual installments beginning on May 8, 2014.
- $4. \ The stock options will become exercisable in four equal annual installments beginning on May 8, 2015.$
- 5. The stock options will become exercisable in four equal annual installments beginning on May 6, 2016.
- 6. The stock options will become exercisable in four equal annual installments beginning on May 4, 2017.

05/11/2017 /s/ Tony J. Ciampitti

** Signature of Reporting Person

Stock

Common

Stock

Commor

Stock

Common

Stock

9,534

14,072

15,626

05/07/2021

05/05/2022

05/03/2023

Date

9,534

14.072

15,626

D

D

D

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.