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 burden | | | | | | | | | |
| hours per response: | 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

| 1. Name and Address of Reporting Person* WILLIAMS DENNIS K | | | | | | 2. Issuer Name and Ticker or Trading Symbol AMETEK INC/ [AME] | | | | | | | | | tionship all appli Directo | cable) | g Pers | son(s) to Iss 10% Ov | | |
|---|--|------------|---|---------|------------------------------|---|--------|---|-------------------------------------|--|--------------------|-----------------|--|-----------------------------|---|---|--------|--|---------------------------------------|--|
| (Last) 153 S. B | (F EACH RO | , | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/06/2019 | | | | | | | | | Officer below) | (give title | | Other (s | specify | |
| (Street) HOBE S (City) | OUND F | | 33455 (Zip) | | _ 4. l | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Indiv ne) X | Form f | ual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tab | le I - No | on-Deri | /ative | Sec | uriti | ies Ac | quired | l, Di | sposed o | of, or Be | neficia | lly (| Owned | ŀ | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day) | | | | | Exe) if ar | A. Deemed xecution Date, any Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a | | | and 5) Securit Benefic Owned | | es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Report Transa (Instr. | | tion(s) | | | (Instr. 4) | |
| Common Stock 03 | | | 03/06/ | 2019 | 2019 | | | | | 4,725 | A | \$34.04 | 467 | 31,192 | | D | | | | |
| Common Stock | | | 03/06/ | 06/2019 | | | | S | | 4,725 | D | \$79.4 | 117 | 17 26,467 | | 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 | | 3A. Deer Execution if any (Month/I | | 4. Transa Code (8) | | ion of | | 6. Date E Expiration (Month/D | on Da | | | f g Security | De Se (In | Price of rivative curity str. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly C | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | ıble | Expiration Date | Title | Amount or Number of Shares | | | | | | | |
| Stock Option | \$34.0467 | 03/06/2019 | | | M | | | 4,725 | (1) | | 04/30/2019 | Common Stock | 4,725 | | \$0 | 0 | | D | | |

Explanation of Responses:

 $1. \ The \ stock \ options \ will \ become \ exercisable \ in \ four \ equal \ installments \ beginning \ on \ May \ 1, \ 2013.$

/s/ Joy D. Atwell, attorney-infact for Mr. Williams 03/07/2019

** 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.