FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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: 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* <u>Burke William Joseph</u>							2. Issuer Name and Ticker or Trading Symbol AMETEK INC/ [AME]										of Reporting Policable) or r (give title		son(s) to Iss 10% Ov Other (s	vner
(Last) (First) (Middle) 1100 CASSATT ROAD							3. Date of Earliest Transaction (Month/Day/Year) 05/04/2017) ``	CFO	below) & Treasu	
(Street) BERWY (City)	WYN PA 19312					4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable ne) X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tab	le I - Nor	n-Deri	vative	e Se	curiti	es A	cqu	ired,	Dis	osed	of, or	Ben	eficial	ly Owne	d			
1. Title of Security (Instr. 3) 2. Transa Date (Month/D						ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)			3. Transac Code (li 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				Benefic Owned	es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
										Code	v	Amount	(4	A) or D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)
Common Stock 05/04/							2017			F ⁽¹⁾		911		D	\$60.3	39 55	55,251		D	
Common Stock/serp																9,	,916		D	
		Т										sed of				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date, Transa Code (of Deriv Secu Acqu (A) o Disp of (D (Inst			. Date Exercisa xpiration Date Month/Day/Year			7. Title and Amoun of Securities Underlying Derivative Security (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	de V		(A) (D)		Date Exercisable		xpiration ate	OI No		lumber					
Stock Option	\$34.0467									(2)	04	/30/2019	Comm	on k	15,600		15,600)	D	
Stock Option	\$41.74									(3)	05	5/07/2020	Comm		16,322		16,322	2	D	
Stock Option	\$53.13									(4)	05	5/07/2021	Comm		12,510		12,510)	D	
Stock Option	\$52.27									(5)	05	5/05/2022	Comm		16,418		16,418	3	D	
Stock Option	\$46.96									(6)	05	5/03/2023	Comm		50,180		50,180		D	

Explanation of Responses:

- 1. Represents withholding of shares to pay withholding taxes incurred in connection with the 1st year vesting (25%) of restricted stock issued on May 4, 2016.
- 2. The stock options will become exercisable in four equal annual installments beginning on May 1, 2013.
- 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.

/s/ Joy D. Atwell, attorney-in-05/08/2017 fact for Mr. Burke

** 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.