SEC Form 4

Instruction 1(b).

FORM 4

Check this box if no longer subject

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

| OMB Number: | /IB Number: 3235-0287 | | | | | |
|--------------------------|-----------------------|--|--|--|--|--|
| Estimated average burden | | | | | | |
| hours per response: | 0.5 | | | | | |

to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

| | | | 0136 | | westine | | inpany Act of | 1340 | | | | |
|--|----------------|-----------------------------------|--|--|-----------------------------|-------|---------------|-------------------|---|---|---|---|
| 1. Name and Address of Reporting Person [*] $\underline{Carpenter Tod E}$ | | | 2. Issuer Name and Ticker or Trading Symbol <u>AMETEK INC/</u> [AME] | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | |
| | | | | | | | | X | Director | 10% C | Jwner | |
| (Last) | (First) | (Middle) | | ate of Earliest Trans 2/2023 | action (| Month | n/Day/Year) | | | Officer (give title below) | Other below | (specify) |
| 1400 WEST 94TH STREET | | 4. lf / | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | 6. Indiv Line) | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | |
| (Street) | | | | | | | | | X | Form filed by One | e Reporting Per | son |
| BLOOMINGTON MN 55431-2303 | | 303 | | | | | | | Form filed by Mo Person | re than One Re | porting | |
| (City) | (State) | (Zip) | Ru | Rule 10b5-1(c) Transaction Indication | | | | | | | | |
| | | | | Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10. | | | | | | | | |
| | Та | ble I - Non | -Derivative \$ | Securities Acq | uired | , Dis | posed of, | or Be | neficially | Owned | | |
| 1. Title of Securi | ity (Instr. 3) | 2. Transact Date (Month/Day | | Execution Date, | Transaction Code (Instr. | | | | | 5. Amount of Securities Beneficially Owned Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common Stoc | k | | 03/22/2023 | | A(1) | | 1 210 | Α | \$138.46 | 7 470 | D | |

A⁽¹⁾ 7,470 Common Stock 03/22/2023 1,210 A \$138.46 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 1. Title of 2. 3. Transaction 3A. Deemed 5. Number 6. Date Exercisable and 7. Title and 9. Number of 10. 11. Nature 8. Price of Transaction Code (Instr. Execution Date, if any (Month/Day/Year) Ownership Derivative Conversion Date Expiration Date (Month/Day/Year) Amount of Derivative derivative of Indirect Beneficial Security (Instr. 3) Derivative Securities Security (Instr. 5) Form: Direct (D) or Exercise (Month/Dav/Year) Securities Securities Price of 8) Underlying Beneficially Ownership or Indirect (I) (Instr. 4) Derivative Derivative Owned (Instr. 4) Security (A) or Disposed Security (Instr. 3 and 4) Following Reported of (D) (Instr. 3, 4 Transaction(s) (Instr. 4) and 5) Amount or Numbe Expiration Date Date of Shares Title Code v (A) (D) Exercisable

Explanation of Responses:

1. Constitutes restricted stock issued under the AMETEK, Inc. 2020 Omnibus Incentive Compensation Plan

| /s/ Lynn Carino, attorney-in- |
|-------------------------------|
| fact for Mr. Carpenter |

03/23/2023

** 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.