FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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 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

Name and Address of Reporting Person* MONTGOMERY THOMAS M						2. Issuer Name and Ticker or Trading Symbol AMETEK INC/ [AME]									k all app Direc	tor	ng Pei	10% O	wner
(Last) (First) (Middle) 1100 CASSATT ROAD						3. Date of Earliest Transaction (Month/Day/Year) 03/18/2020								X	below	er (give title w) . VP COMPT		Other (specify below) FROLLER	
(Street) BERWYN PA 19312 (City) (State) (Zip)				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi Line) X	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3)				2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)		red (A) str. 3,	or 4 and	5. Amount of Securities Beneficially Owned Follow Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) oi (D)	r _{Pri}	Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock/ Serp 03					8/2020				I		1,411	A	\$6	65.65	3,193 ⁽¹⁾			D	
401k Plan															3	3,333			401k Plan
Common Stock															20,545			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)	e Execution Date,			action (Instr.			6. Date Expirat (Month	ion Da		7. Title and Amount of Securities Underlying Derivative Security (Insti 3 and 4)		De Se (In:	Price of rivative curity str. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)		10. Ownership 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		Amou or Numb of Share	er					

Explanation of Responses:

1. Pursuant to the Supplemental Executive Retirement Plan ("SERP"), reflects the reporting person's deemed investment in the AMETEK Common Stock Fund (the "Fund"), an investment option within the AMETEK Retirement and Savings Plan. The Fund consists of AMETEK common stock (approximately 98% of the Fund's value) and cash or cash equivalents (approximately 2% of the Fund's value). The number of shares attributed to the reporting person as a Plan participant and expressed as equivalent shares has been calculated based on the closing price of AMETEK common stock in relation to the Net Asset Value of the Fund on the date of the reported transaction and may change from time to time without the volition of the reporting person depending on the fair market value of AMETEK common stock and the amount of cash in the Fund. Nine shares have been added to the balance based on the change in fair market value of the AMETEK common stock in the Fund.

> /s/ Lynn Carino, attorney-infact for Mr. Montgomery

03/19/2020

** 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.