FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

shington, D.C. 20549

Washington, D.C. 20049	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-02		

ERSHIP	OMB Number:	3235-0287					
-1101111	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* <u>CIAMPITTI TONY J</u>					2. Issuer Name and Ticker or Trading Symbol AMETEK INC/ [AME]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					vner	
(Last) 1100 CA	(Fir	,	/liddle)	3. Date of E 02/12/202			ate of Earliest Transaction (Month/Day/Year) 12/2024							X Officer (give title Other (specify below) PRES ELECTRONIC INSTRUMENT					
(Street) BERWY	N PA	. 1	9312		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Application) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Sta	ate) (Z	Z ip)		Rule 10b5-1(c) Transaction Indication						n								
					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.									nded to					
		Table	I - No	n-Deriva	tive S	Secui	rities	Acc	uired	, Dis	posed of	, or B	enefi	cially	Own	ed			
Date			2. Transact Date (Month/Day	Execution [on Date, Transaction Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar 5)						Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Pric	е	Transa	ction(s) 3 and 4)			(Instr. 4)
Common Stock/ Serp 02/12			02/12/2	2024				J ⁽¹⁾		559	A	\$16	58.42	8	8,732		D		
Common Stock/ Serp 02/12/2			2024				J ⁽²⁾		53	A	,	\$ 0	8	8,785		D			
401k Plan 0.			02/12/2024					J ⁽³⁾		15	A	,	\$0 2		2,742			401k Plan	
Common Stock					46,206		5,206		D										
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security 2. Conversion or Exercise Price of Derivative Security 3. Transaction Date Execution Date, if any (Month/Day/Year)			4. Transa	4. 5. Number of Orivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. F Dei Sec (Ins	Price of ivative 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	sable	Expiration Date	Title	Amour or Number of Shares	r					

Explanation of Responses:

- 1. Pursuant to the Supplemental Executive Retirement Plan ("SERP"), reflects the reporting person's deemed investment in the AMETEK Fund, which consists of AMETEK common stock (the "Fund"). Shares are distributed from the Fund on a one-for-one basis in accordance with the SERP distribution methods upon the reporting person's separation from service.
- 2. Represents dividend reinvestments pursuant to the Supplemental Executive Retirement Plan
- 3. Represents dividend reinvestment pursuant to the AMETEK Retirement and Savings Plan (the "401(k) Plan").

/s/ Lynn Carino, attorney-in-02/14/2024 fact for Mr. Ciampitti

** Signature of Reporting Person

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.