## 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

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1. Name and Address of Reporting Person*  MANDOS ROBERT R							2. Issuer Name <b>and</b> Ticker or Trading Symbol AMETEK INC/ [ AME ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify				
(Last) (First) (Middle) 1100 CASSATT ROAD						3. Date of Earliest Transaction (Month/Day/Year) 12/31/2015								A belo			below)		
(Street) BERWYN PA 19312-1177					4. I	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting				
(City)	) (State) (Zip)														Person				
		Tab	le I - No	n-Deriv	vative	Se	curiti	es A	cquire	d, Di	sposed	of, or B	eneficia	ally Own	ed				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D						ır) E	A. Deer xecution any Month/D	Code	Transaction D Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			nount of rities ficially ed Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
											Amour	t (A) (	Price	Trans	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock/serp 12/31/2									J <sup>(1)</sup>		80	7 A	\$54.5	584	21,981		D		
401k Plan															1		I	401k Plan	
Common Stock														- 1	103,994		D		
		Т	able II -									of, or Be			d		•		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/D	n Date,	4. Transa Code ( 8)		on of		6. Date Exercisa Expiration Date (Month/Day/Yea		te	of Securities		Derivativ Security	e derivativ	tive ties cially l ing ed ction(s)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownershi (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares	1					
Stock Option	\$29.8267								(2)		05/02/201	Commor Stock	15,150		15,15	50	D		
Stock Option	\$34.0467								(3)		04/30/201	Commor	28,704		28,70	)4	D		
Stock Option	\$41.74								(4)		05/07/202	Commor Stock	47,200		47,20	00	D		
Stock Option	\$53.13								(5)		05/07/202	Commor Stock	33,490		33,49	90	D		
Stock Option	\$52.27								(6)		05/05/202	Commor Stock	45,750		45,75	50	D		

## **Explanation of Responses:**

- 1. Allocated pursuant to the AMETEK, Inc. Supplemental Executive Retirement Plan under which shares are automatically distributed on a one-for-one basis upon the participant's retirement.
- $2. \ The \ stock \ options \ will \ become \ exercisable \ in four \ equal \ installments \ beginning \ on \ May \ 3, \ 2012.$
- 3. The stock options will become exercisable in four equal installments beginning on May 1, 2013.
- $4. \ The stock options will become exercisable in four equal annual installments beginning on May 8, 2014.$
- 5. The stock options will become exercisable in four equal annual installments beginning on May 8, 2015.
- 6. The stock options will become exercisable in four equal annual installments beginning on May 6, 2016.

12/31/2015 /s/ Robert R. Mandos

\*\* 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.