FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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OMB Number: 3235-0287 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* SMALLS ISAAC S | | | | | | | 2. Issuer Name and Ticker or Trading Symbol AMETEK INC/ [AME] | | | | | | | | | | | 10% O | o Issuer % Owner ner (specify |
|--|---|--|--|---------|---------------------------------------|---|--|------------------------------|------------|--|--|--|--|---|--|---|---|--|---|
| (Last) (First) (Middle) 37 NORTH VALLEY ROAD BUILDING 4 | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 10/01/2007 | | | | | | | | | below) | | | | |
| Street) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | Individual or Joint/Group Filing (Check Applicabl Line) X Form filed by One Reporting Person | | | | |
| PAOLI PA 19301-0801 | | | | 01 | | | | | | | | | | Form filed by More than One Reporting Person | | | | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - No | n-Deriv | ative | Se | curit | ies Ac | quired | , Dis | posed o | of, or B | enefic | ially | Owned | l . | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/ | | | | | | ar) | if any | emed ion Date /Day/Yea | Code | action (Instr. | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | and Securiti Benefic Owned | | es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | n: Direct or Indirect | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | | v | Amount | (A) (D) | or Pric | e | Reporte Transac (Instr. 3 | tion(s) | | | |
| Common | Stock | | | 10/01 | /2007 | 7 | | | | | 1,500 | 0 A | \$1 | 7.45 | 36,638 | | | D | |
| Common Stock 10/01 | | | | | 1/2007 | | | | М | | 1,500 | 0 A | \$2 | 0.27 | 38,138 | | | D | |
| Common Stock 10/01 | | | | | /2007 | 7 | | | S | | 3,000 | 0 D | \$4 | 13.5 | 35 | ,138 | | D | |
| Common Stock/SERP | | | | | | | | | | | | | | | 300 | | | D | |
| 401K PLAN | | | | | | | | | | | | | | 475 | | | I | 401(k) Plan | |
| | | 7 | able II - | | | | | | | | osed of converti | | | | wned | | | | |
| 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/Da | Date, | 4. Transactio Code (Insti 8) | | n of Deri Sec Acq (A) o Disp | oosed D) tr. 3, 4 | Expiration | o. Date Exercisa Expiration Date Month/Day/Yea | | Amount Securitie Underlyi Derivativ | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | Price of erivative ecurity 1str. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | s lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownershi (Instr. 4) |
| | | | | | Code | v | (A) | (A) (D) E | | | Expiration Date | Title | Amou or Numb of Share | oer | | | | | |
| Stock Option | \$25.2867 | | | | | | | | 04/27/20 | 06 | 04/26/2012 | Common Stock | 3,96 | 0 | | 3,960 | | D | |
| Stock Option | \$33.2667 | | | | | | | | 04/26/20 | 07 | 04/25/2013 | Common Stock | 3,76 | 5 | | 3,765 | | D | |
| Stock Option | \$35 | | | | | | | | 04/24/20 | 08 | 04/23/2014 | Common Stock | 3,42 | 9 | | 3,429 | | D | |
| Stock | \$17.45 | 10/01/2007 | | | M | | | 1,500 | 05/18/20 | 05 0 | 05/17/2011 | Common | 1,50 | 0 | \$17.45 | 1,500 | | D | |

Explanation of Responses:

\$20.27

Option

Stock

Option

ISAAC S SMALLS

Stock

Commo

Stock

09/21/2011

10/01/2007

4.140

D

** Signature of Reporting Person

1,500

\$20.27

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

10/01/2007

M

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.

1,500

09/22/2005

^{*} 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).