Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

Washington, D	.C. 20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL						
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			or Section 30(II) or the investment Company Act or 1940	
1. Name and Address of Reporting Person* Burke William Joseph			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 Officer (give title Other (specify
(Last) 1100 CASSA	(First) TT ROAD	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 05/09/2022	X Office (give title Office (specify below) Executive VP - CFO
(Street) BERWYN	PA	19312	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 Person
(City)	(State)	(Zip) Table I - Non-De	rivative Securities Acquired, Disposed of, or Ben	eficially Owned

2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)					5. Amount of Securities Form. Beneficially (D) or Owned Following (I) (Insert Property of the Company of the Co	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	
		Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(Instr. 4)
05/09/2022		F ⁽¹⁾		740	D	\$121.84	90,351	D	
							3,209	D	
							12,354	D	
	Date (Month/Day/Year)	Date (Month/Day/Year) Execution Date, if any (Month/Day/Year)	Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) Transa Code (8)	Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) Transaction Code (Instr. 8)	Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) Transaction Code (Instr. 8) Code V Amount	Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) Transaction Code (Instr. 8) Disposed Of (D) (Instr. 8) Code V Amount (A) or (D)	Date (Month/Day/Year) if any (Month/Day/Year) (Month/Day/Year) Transaction Code (Instr. 8) Disposed Of (D) (Instr. 3, 4 and 5) Code V Amount Code Price Amount Code Price Code Code	Date (Month/Day/Year) Execution Date, (Month/Day/Year) (Month/Da	Date (Month/Day/Year) Execution Date, if any (Month/Day/Year) Transaction Code (Instr. 8) Disposed Of (D) (Instr. 3, 4 and 5) Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) Price (D) or indirect (D) or indirect (D) (Instr. 4)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) 6. Date Exercisable and Expiration Date (Month/Day/Year) 1. Title of Derivative 3. Transaction Date 3A. Deemed Execution Date, 7. Title and 8. Price of 9. Number of 11. Nature 5. Number 10. Ownership 2. Conversion Transaction Code (Instr. 8) Amount of Securities Underlying Derivative derivative of Indirect Security (Instr. 3) or Exercise Price of (Month/Day/Year) if any (Month/Day/Year) Derivative Security (Instr. 5) Securities Form: Direct (D) Beneficial Beneficially Securities Ownership Owned Following Reported Transaction(s) (Instr. 4) or Indirect (I) (Instr. 4) Derivative Acquired Derivativ (Instr. 4) Security (Instr. 3 and 4) (A) or Disposed of (D) (Instr. 3, 4 Security and 5) Amount Number Expiration Date of Shares Date Code ٧ (A) (D) Exercisable Title

Explanation of Responses:

1. Represents withholding of shares to pay taxes.

/s/ Lynn Carino, attorney-infact for Mr. Burke

** Signature of Reporting Person Date

05/10/2022

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.