FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

TATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: 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* MANDOS ROBERT R															Check	tionship of Reporting all applicable) Director Officer (give title		ng Person(s) to Issu 10% Own Other (sp		wner		
(Last) (First) (Middle) 1100 CASSATT ROAD P.O. BOX 1764				3. Date of Earliest Transaction (Month/Day/Year) 02/05/2014										X	below) EXECUTIVE VI			below)	Specify			
(Street)					4. II	4. If Amendment, Date of Original Filed (Month/Day/Year)										. Indivine)	' I					
(City)			(Zip)		-												Form filed by More than One Reporting Person				orting	
		Tab	le I - No	n-Deriv	ative	Se	curiti	es A	cq	uired,	Dis	posed	of, o	or Be	nefici	ally	Owned	d				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)			ay/Year) i		2A. Deemed Execution Date, if any (Month/Day/Year)		·	3. Transaction Code (Instr. 8)						Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		Ownership				
										v	Amount		(A) or (D)	Price	Price		Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock/serp			02/05	/2014					J ⁽¹⁾		728		A	\$49.	049	19,221			D			
401k Plan															1			I	401k Plan			
Common Stock															103,925			D				
		Т	able II -	Deriva (e.g., p	tive S	Secu calls	urities s, wa	s Acc rrant	qui	ired, C optior	oisp	osed of converti	f, or ible	Bene	eficial ırities	ly O	wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Executior if any (Month/Da	n Date,	4. Transactic Code (Inst 8)				E>	6. Date Exercis Expiration Date (Month/Day/Ye			7. Title and Amo of Securities Underlying Derivative Secur (Instr. 3 and 4)		es J Security	De Se	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly	Ownership Form: Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)		ate xercisabl		Expiration Date	Titl	- 1	Amount or Number of Shares							
Stock Option	\$19.5867									(2)	0	4/28/2017		mmon tock	29,079	9		29,079		D		
Stock Option	\$29.8267									(3)	0	5/02/2018		mmon tock	15,150			15,150)	D		
Stock Option	\$34.0467									(4)	0	4/30/2019		mmon tock	28,704	4		28,704		D		
Stock Option	\$41.74									(5)	0	5/07/2020		mmon tock	47,200)		47,200)	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.
- $2. \ The \ stock \ options \ will \ become \ exercisable \ in \ four \ equal \ annual \ installments \ beginning \ on \ April \ 29, \ 2011.$
- 3. The stock options will become exercisable in four equal installments beginning on May 3, 2012.
- 4. The stock options will become exercisable in four equal installments beginning on May 1, 2013.
- 5. The stock options will become exercisable in four equal annual installments beginning on May 8, 2014.

02/05/2014 /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.