П

### 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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	ROVAL
OMB Number:	3235-0287
Estimated average b	urden

	Estimated average burden	
	hours per response:	0.5
1		

1. Name and Address of Reporting Person <sup>*</sup> SAUNDERS DEIRDRE D			2. Issuer Name and Ticker or Trading Symbol <u>AMETEK INC/</u> [ AME ]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner
(Last) (First) (Middle) 37 NORTH VALLEY ROAD BUILDING 4		(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 12/31/2005	X Officer (give title Other (specify below) below) VICE PRESIDENT & TREASURER
(Street) PAOLI (City)	PA (State)	19301-0801 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	<ul> <li>6. Individual or Joint/Group Filing (Check Applicable Line)</li> <li>X Form filed by One Reporting Person</li> <li>Form filed by More than One Reporting Person</li> </ul>

### Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

······································											
1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Disposed Of (D) (Insti Code (Instr.		rities Acquired (A) or ed Of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150.4)	
Common Stock								43,702	D		
Common Stock/SERP	12/31/2005		J <sup>(1)</sup>		12.47	A	\$43.323	2,263.65	D		
401K PLAN								1,817	Ι	401K PLAN	

### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

(e.g., puts, cails, warrants, options, convertible securities)															
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code ( 8)		of E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 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 Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option	\$9.9688							04/13/2001	04/12/2007	Common Stock	10,000		10,000	D	
Stock Option	\$13.1425							05/22/2002	05/21/2008	Common Stock	14,000		14,000	D	
Stock Option	\$18.0625							05/20/2004	05/19/2010	Common Stock	11,000		11,000	D	
Stock Option	\$18.82							05/22/2003	05/21/2009	Common Stock	11,000		11,000	D	
Stock Option	\$26.175							05/18/2005	05/17/2011	Common Stock	5,500		5,500	D	
Stock Option	\$30.405							09/22/2005	09/21/2011	Common Stock	5,170		5,170	D	
Stock Option	\$37.93							04/27/2006	04/26/2012	Common Stock	4,160		4,160	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.

**DEIRDRE D SAUNDERS** 12/21/2005

\*\* 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.