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

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

| 1. Name and Address of Reporting Perso BUCKLEW JEFFREY D | n* | 2. Issuer Name and Ticker or Trading Symbol <u>IDEX CORP /DE/</u> [IEX] | | tionship of Reporting Per all applicable) Director | son(s) to Issuer 10% Owner | | | | | | | |
|---|----------|--|---|--|-------------------------------|--|--|--|--|--|--|--|
| | | | x | Officer (give title | Other (specify | | | | | | | |
| (Last) (First) | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) | | below) | below) | | | | | | | |
| 1925 WEST FIELD COURT | × , | 08/31/2017 | | SVP-Chief HR | Officer | | | | | | | |
| SUITE 200 | | | | | | | | | | | | |
| | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | | | | |
| (Street) | | | Line) | | | | | | | | | |
| LAKE FOREST IL | 60045 | | X | Form filed by One Reporting Person | | | | | | | | |
| | | | | Form filed by More tha Person | n One Reporting | | | | | | | |
| (City) (State) | (Zip) | | | | | | | | | | | |

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) | 3. Transa Code (8) | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) (Instr. | | 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 | 08/31/2017 | | М | | 4,000 | A | \$50.45 | 6,726 | D | |
| COMMON STOCK | 08/31/2017 | | S | | 4,000 | D | \$116.7931 | 2,726 | D | |

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, 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 Deri Sec Acq (A) o Disp of (E (Inst | 5. Number of Expiration Date Derivatives Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | ate | 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 | | | | |
| OPTIONS (RIGHT TO BUY) | \$50.45 | 08/31/2017 | | М | | | 4,000 | 02/15/2014 | 02/15/2023 | COMMON STOCK | 4,000 | \$0 | 48,970 | D | |

Explanation of Responses:

JEFFREY D. BUCKLEW

** Signature of Reporting Person

09/01/2017

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.