FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

omb Approval

| 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

| Name and Address of Reporting Person* MCMURRAY JOHN L | | | | | 2. <u>II</u> | In the second seco | | | | | | | | eck all applic Director | ionship of Reporting all applicable) Director Officer (give title | | on(s) to Issu 10% Ow Other (s) | ner |
|--|---|--|---|--------|---|---|------|--------------|---|--|--------------------|---|---|---|---|---|--|--|
| (Last) (First) (Middle) C/O IDEX CORP 630 DUNDEE ROAD | | | | 02 | below) | | | | | | | | | vP-Group Executive | | | | |
| (Street) NORTHBROOK IL 60062 | | | | _ 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicab Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | | | | | | | |
| (City) | (S | itate) | (Zip) | | | | | | | | | | | | | | | |
| | | | ble I - N | | | | | | - | , Di | | of, or Ber | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | Execution Da | | | Code (Instr. | | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 a | | | 5. Amour Securitie Beneficia Owned F Reported | es Formally (D) (is collowing (I) (I | | Direct Indirect Estr. 4) | Nature of ndirect Seneficial Ownership Instr. 4) | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Transact | Transaction(s) (Instr. 3 and 4) | | 1 | (3 4) | |
| COMMON STOCK 02/0 | | | | 02/06 | 6/2007 | 2007 | | | М | | 10,400 |) A | \$16.5 | 16, | ,913 | | D | |
| COMMON STOCK 02/06/2 | | | | 6/2007 | .007 | | | S | | 10,400 |) D | \$51.5 | 6,5 | 6,513 | | D | | |
| COMMON STOCK 02/07/2 | | | | 7/2007 | .007 | | | M | | 10,000 |) A | \$16.5 | \$16.5 | | 513 | | | |
| COMMON STOCK 02/07/2 | | | | 7/2007 | 2007 | | S | | 10,000 |) D | \$51.549 | 4 6,5 | 6,513 | | D | | | |
| | | | Table II | | | | | | | | | , or Bene ible secu | | Owned | | | | |
| 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. Transaction Code (Instr. 8) | | n of | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | e | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4) | Own Form Direct or In (I) (Ir | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | | Date Exercisal | | Expiration Date | Title | Amount or Number of Shares | | | | | |
| OPTIONS (RIGHT TO BUY) | \$16.5 | 02/06/2007 | | | M | | | 10,400 | 03/24/20 | 04 | 03/24/2009 | COMMON STOCK | 10,400 | \$0 | 165,00 | 00 | D | |
| OPTIONS (RIGHT TO BUY) | \$16.5 | 02/07/2007 | | | M | | | 10,000 | 03/24/20 | 04 | 03/24/2009 | COMMON STOCK | 10,000 | \$0 | 155,00 | 00 | D | |

Explanation of Responses:

JOHN L. MCMURRAY

02/08/2007

** 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.