SEC Form 3 FORM 3

UNITED STATES SECURITIES AND EXCHANGE

COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

3235-OMB Number: 0104

Estimated average burden 0.5

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 [*] Watts Stanfield Paris	2. Date of E Requiring S (Month/Day 02/25/202	itatement /Year)	3. Issuer Name and Ticker or Trading Symbol <u>IDEX CORP /DE/</u> [IEX]				
(Last) (First) (Middle) 3100 SANDERS ROAD SUITE 301 (Street) NORTHBROOK IL 60062 (City) (State) (Zip)			4. Relationship of Reportin Issuer (Check all applicable) X Director Officer (give title below)	10% C)wner (specify	A Person	/Year) int/Group Filing e Line) by One Reporting by More than One
Table I - Non-Derivative Securities Beneficially Owned							
1. Title of Security (Instr. 4)			2. Amount of Securities Beneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)							
1. Title of Derivative Security (Instr. 4) Expiration Date (Month/Day/Year)		ate	Underlying Derivative Security (Instr. 4) Or E		Conversi or Exerci	se Form:	6. Nature of Indirect Beneficial Ownership (Instr.
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	Direct (D) e or Indirect (I) (Instr. 5)	5)

Explanation of Responses:

No securities are beneficially owned.

PARIS WATTS-**STANFIELD**

03/01/2022

Date

** Signature of Reporting Person

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 5 (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.

hours per response: