FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APF	PROVAL						
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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* Cade Denise R		2. Date of Event Requiring Statem (Month/Day/Year 10/26/2015	tement ear) IDEX CORP /DE/ [IEX]										
(Last) (First) (Middle) 1925 WEST FIELD COURT							10% Own	10% Owner		5. If Amendment, Date of Original Filed (Month/Day/Year)			
SUITE 200					X Officer (give title below)	Other (specify below)		6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)			_			SVP-General Counsel	& Corp Se	C	X	,	y One Reporting Person		
LAKE FOREST	IL	60045								Form filed b Reporting P	y More than One erson		
(City)	(State)	(Zip)											
			Table I - Non	-Derivativ	ve Se	ecurities Beneficial	ly Owned						
1. Title of Secu	rity (Instr. 4)		Table I - Non	2.	Amou	ecurities Beneficial nt of Securities ally Owned (Instr. 4)	3. Ownersh Form: Dire or Indirect (Instr. 5)	ct (D)	4. Nat (Instr.		Beneficial Ownership		
1. Title of Secu	rity (Instr. 4)		Table II - D	2. Be	Amou enefici	nt of Securities	3. Ownersh Form: Dire or Indirect (Instr. 5)	ct (D) (I)			Beneficial Ownership		
Title of Secu Title of Deriv		(Instr. 4)	Table II - D	erivative S, warran	Amou eneficial Secunts, o	nt of Securities ally Owned (Instr. 4) urities Beneficially	3. Ownersh Form: Dire or Indirect (Instr. 5) Owned e securitie	ct (D) (I)	rsion rcise		Beneficial Ownership 6. Nature of Indirect Beneficial Ownership (Instr. 5)		

Explanation of Responses:

No securities are beneficially owned.

Denise R. Cade 10/27/2015

** Signature of Reporting Person Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$

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.

 $^{^{\}star}$ 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).