FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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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

| 1. Name and Address of Reporting Person* <u>TOKARZ MICHAEL T</u> | | | | r Name and Ticker | 0, | mbol | | tionship of Reporting all applicable) Director | wner | | | |
|---|--|----------|--|---|-----------------------------------|--|---------------|---|---|--|--|--|
| (Last) C/O KKR 9 W 57TH ST 41 | (First) .ST FL | (Middle) | 3. Date 0 01/01/2 | of Earliest Transact 2008 | ion (Month/Da | ıy/Year) | | Officer (give title below) | Other below | (specify) | | |
| (Street) NEW YORK | NY | 10019 | 4. If Ame | endment, Date of C | priginal Filed (N | /lonth/Day/Year) | 6. Indiv X | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| (City) | (State) | (Zip) | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | |
| Date | | | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any | 3. Transaction Code (Instr. | 4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a | and 5) | 5. Amount of Securities Beneficially Owned | 6. Ownership Form: Direct (D) or Indirect | 7. Nature of Indirect Beneficial | | |

| Date (Month/Day/Year) | Execution Date, if any (Month/Day/Year) | Code (I 8) | | Disposed Of (L |) (instr. 3 | , 4 and 5) | Securities Beneficially Owned Following Reported | (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | l |
|--------------------------|---|---------------|---|----------------|---------------|------------|---|-----------------------------------|---------------------------------------|---|
| | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150.4) | |

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) | | on of | | 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 | | | | |
| DEFERRED COMPENSATION UNITS (DCU'S) | (1) | 01/01/2008 | | A | | 381 | | (1) | (1) | COMMON STOCK | 381 | (1) | 22,885 | D | |

Explanation of Responses:

1. CREDITS FOR DIVIDENDS ON DCU BALANCE AND DEFERRED CASH COMPENSATION UNDER THE SECOND AMENDED AND RESTATED IDEX CORPORATION DIRECTORS DEFERRED COMPENSATION PLAN AT A PRICE PER DCU RANGING FROM \$35.33 TO \$36.13. EACH DCU IS EXCHANGEABLE FOR SHARES OF IDEX CORPORATION COMMON STOCK ON A ONE-FOR-ONE BASIS AT CESSATION OF SERVICE AS A DIRECTOR OF THE COMPANY.

MICHAEL T. TOKARZ

** Signature of Reporting Person

01/03/2008 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.