SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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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

BUTHMAN MARK A			. Date of Event Requiring Staten Month/Day/Year 14/06/2016	nent	3. Issuer Name and Ticker or Trading Symbol <u>IDEX CORP /DE/</u> [ IEX ]					
(Last) (First) (Middle) 1925 WEST FIELD COURT				4. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner			(	5. If Amendment, Date of Original Filed (Month/Day/Year)		
SUITE 200					Officer (give title below)	Other (spe below)		6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person		
(Street) LAKE FOREST	IL	60045								y More than One
(City)	(State)	(Zip)								
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)				2. Amount of Securities Beneficially Owned (Instr. 4) or Indirect (I) (Instr. 5)		;t(D)   (II	4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned         (e.g., puts, calls, warrants, options, convertible securities)										
			2. Date Exercisable and Expiration Date (Month/Day/Year)			tle and Amount of Securi	y (Instr. 4) Conve or Exe		ise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
1. Title of Deriva	live Security (ins				Und	erlying Derivative Securit	ty (Instr. 4)	Convers or Exerc Price of	ise Form:	

Explanation of Responses:

No securities are beneficially owned.

MARK BUTHMAN

\*\* Signature of Reporting Person Date

04/08/2016

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.