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 | | | | | | | | | |
| houre por roeponeo: | 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

| 1. Name and Address of Reporting Person* MCMURRAY JOHN L (Last) (First) (Middle) C/O IDEX CORP 630 DUNDEE ROAD (Street) NORTHBROOK IL 60062 | | | | | | IDEX CORP /DE/ [IEX] | | | | | | | (Che | ck all applic Directo | able) r | g Person(s) to Issu 10% Ov Other (s | | vner |
|---|---|------------|---|--------------------------------|------------------------------------|---|-----------------------------------|--------|--|-------|--|---|--|--|---|--|--|--|
| | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/05/2010 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | below) | Officer (give title below) VP - Group Exception | | | Јеспу |
| | | | | | 4. | | | | | | | | | 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) | (S | State) | (Zip) | | | | | | | | | | | | | | | |
| Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Transaction Date (Month/Doine) | | | saction | tion 2A. Deemed Execution Date | | emed on Date, | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a | | (A) or | 5. Amour Securitie Beneficia Owned F | s ally | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transaction(s) (Instr. 3 and 4) | | .,, | | Instr. 4) | | | |
| COMMON STOCK | | | 08/0 | 8/05/2010 | | | | М | | 4,000 | A | \$13.11 | 31,702 | | D | | | |
| COMMON STOCK | | | | 08/0 | 08/05/2010 | | | | S | | 4,000 | D | \$33.055 | 4 27, | 702 | D | | |
| COMMON STOCK 08. | | | | 08/0 | 9/2010 | /2010 | | | | | 19,250 |) A | \$13.11 | 46,952 | | D | | |
| COMMON STOCK 08/09/ | | | | 9/2010 | 2010 | | S | | 19,250 |) D | \$33.061 | . 27, | 27,702 | | D | | | |
| | | | Table II | | | | | | | | | , or Bene | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deeme Execution if any (Month/Da | Date, | 4. Transacti Code (Ins 8) | | on of | | 6. Date Exercis Expiration Date (Month/Day/Ye: | | e | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | ly Ov Fo Dii or (I) | 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) | \$13.11 | 08/05/2010 | | | M | | | 4,000 | 03/27/20 | 04 | 03/27/2013 | COMMON STOCK | 4,000 | \$0 | 208,52 | 0 | D | |
| OPTIONS (RIGHT TO BUY) | \$13.11 | 08/09/2010 | | | M | | | 19,250 | 03/27/200 | 04 | 03/27/2013 | COMMON STOCK | 19,250 | \$0 | 189,27 | 0 | D | |

Explanation of Responses:

JOHN L. MCMURRAY

08/09/2010

** 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.