FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| STATEMENT | OF C | CHANGES | IN BENEF | ICIAL | OWNERS | HIP |
|-----------|------|---------|----------|-------|---------------|-----|

| OMB APPROVAL | | | | | | | | | |
|---------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average b | urden | | | | | | | | |
| hours per response: | 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* <u>SPRINGER NEIL A</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol IDEX CORP /DE/ [IEX] | | | | | | | | | ionship of Reporting all applicable) Director | | g Person(s) to Issi 10% Ov | | | |
|---|---|--|---|-----------------|---|--|-------|--|---|--------|---------------------------------|--|---|--|---|---|-------------------------------|--|--|--|
| (Last) | (F | irst) | (Middle) | | 3. Date of Earliest Transaction (Month/Day/Year) 11/06/2008 | | | | | | | | | Officer (below) | (give title | | Other (s below) | specify | | |
| (Street) | | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person | | | | | | |
| (City) | (S | State) | (Zip) | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | ting | |
| | | Ta | ble I - No | on-Der | ivativ | /e Se | ecuri | ties Ac | quired | l, Di | sposed (| of, or Be | neficia | lly (| Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Execution Date, | | 3. Transaction Code (Instr. 8) | | ities Acquired (A) or d Of (D) (Instr. 3, 4 and | | | Beneficially Owned Following | | 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 11/06/2 | | | | 6/2008 | 2008 | | М | | 10,125 | i A | \$11.7 | 77 | 33,076 | | | D | | | | |
| COMMON STOCK 11/06/2 | | | | 6/2008 | /2008 | | | S | s 1 | | 5 D | \$22.6295 | | 22,951 | | | D | | | |
| | | | Table II | | | | | | | | | , or Ben | | y O | wned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Da | Date, | 4. Transa Code (8) | | of I | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | e | 7. Title and Amoun of Securities Underlying Derivat Security (Instr. 3 at 4) | | /e S | 3. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e s llly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | | Date Exercisa | | Expiration Date | Title | Amour or Number of Shares | er | | | | | | |
| OPTIONS (RIGHT | \$11.77 | 11/06/2008 | | | M | | | 10,125 | 01/01/20 | 01 | 01/01/2009 | COMMON STOCK | 10,12 | 5 | \$0 | 66,37 | 5 | D | | |

Explanation of Responses:

NEIL A. SPRINGER

11/07/2008

** 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.