

IDEX CORP /DE/
Form 4
October 02, 2009

FORM 4

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

Check this box
if no longer
subject to
Section 16.
Form 4 or
Form 5
obligations
may continue.
See Instruction
1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF
SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,
Section 17(a) of the Public Utility Holding Company Act of 1935 or Section
30(h) of the Investment Company Act of 1940

OMB APPROVAL

OMB
Number: 3235-0287
Expires: January 31,
2005
Estimated average
burden hours per
response... 0.5

(Print or Type Responses)

1. Name and Address of Reporting Person *
HERMANCE FRANK S

2. Issuer Name and Ticker or Trading
Symbol
IDEX CORP /DE/ [IEX]

5. Relationship of Reporting Person(s) to
Issuer

(Last) (First) (Middle)

3. Date of Earliest Transaction
(Month/Day/Year)
10/01/2009

(Check all applicable)

[X] Director
[] 10% Owner
[] Officer (give title below)
[] Other (specify
below)

(Street)

4. If Amendment, Date Original
Filed(Month/Day/Year)

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

Table with 7 columns: 1. Title of Security (Instr. 3), 2. Transaction Date (Month/Day/Year), 2A. Deemed Execution Date, if any (Month/Day/Year), 3. Transaction Code (Instr. 8), 4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5), 5. Amount of Securities Beneficially Owned (Instr. 3 and 4), 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4), 7. Nature of Ownership Indirect Beneficial Ownership (Instr. 4). Includes sub-columns for (A), or, Code, V, Amount, (D), Price.

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

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 control
number.

SEC 1474
(9-02)

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
(e.g., puts, calls, warrants, options, convertible securities)

Table with 7 columns: 1. Title of Derivative Security (Instr. 3), 2. Conversion or Exercise Price of, 3. Transaction Date (Month/Day/Year), 3A. Deemed Execution Date, if any (Month/Day/Year), 4. Transaction Code (Instr. 8), 5. Number of Derivative Securities, 6. Date Exercisable and Expiration Date (Month/Day/Year), 7. Title and Amount Underlying Security (Instr. 3 and 4).

Edgar Filing: IDEX CORP /DE/ - Form 4

| Derivative Security | | Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | Code | V | (A) | (D) | Date | Expiration | Title | Am or Nur of Sha | |
|-------------------------------------|-----|--|------|---|------------|-----|-------------|------------|-------|------------------|---|
| | | | | | | | Exercisable | Date | | | |
| DEFERRED COMPENSATION UNITS (DCU'S) | (1) | | | | 10/01/2009 | | | (1) | (1) | COMMON STOCK | 3 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | |
|--------------------------------|---------------|-----------|---------|-------|
| | Director | 10% Owner | Officer | Other |
| HERMANCE FRANK S | | | X | |

Signatures

| | |
|---------------------------------|------------|
| FRANK S. HERMANCE | 10/02/2009 |
| **Signature of Reporting Person | Date |

Explanation of Responses:

- * 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).
- (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 \$27.64 TO \$27.95. EACH DCU IS EXCHANGEABLE FOR SHARES OF IDEX CORPORATION COMMON STOCK ON A ONE-FOR-ONE BASIS FIVE YEARS AFTER THE YEAR FOR WHICH COMPENSATION IS DEFERRED.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.