

AMPHENOL CORP /DE/  
Form 3  
July 22, 2015

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF 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

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â Ivas Michael R.		(Month/Day/Year)	AMPHENOL CORP /DE/ [APH]	
(Last)	(First)	(Middle)	07/21/2015	
C/O AMPHENOL CORPORATION,Â 358 HALL AVENUE			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)	(Check all applicable)			
	<input type="checkbox"/> Director	<input type="checkbox"/> 10% Owner		
	<input checked="" type="checkbox"/> Officer	<input type="checkbox"/> Other	6. Individual or Joint/Group Filing(Check Applicable Line)	
	(give title below) (specify below)		<input checked="" type="checkbox"/> Form filed by One Reporting Person	
	VP and Controller		<input type="checkbox"/> Form filed by More than One Reporting Person	
WALLINGFORD,Â CTÂ 06492				
(City)	(State)	(Zip)		

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
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Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

**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.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	

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				Shares		or Indirect (I) (Instr. 5)	
Stock Option	05/22/2009	05/22/2018	Class A Common Stock	27,000	\$ 22.98	D <u>(1)</u>	Â
Stock Option	05/21/2010	05/21/2019	Class A Common Stock	40,000	\$ 16.01	D <u>(1)</u>	Â
Stock Option	05/27/2011	05/27/2020	Class A Common Stock	34,000	\$ 21.5	D <u>(1)</u>	Â
Stock Option	05/26/2012	05/26/2021	Class A Common Stock	32,000	\$ 26.74	D <u>(1)</u>	Â
Stock Option	05/24/2013	05/24/2022	Class A Common Stock	36,000	\$ 26.63	D <u>(1)</u>	Â
Stock Option	05/23/2014	05/23/2023	Class A Common Stock	32,000	\$ 39	D <u>(1)</u>	Â
Stock Option	05/22/2015	05/22/2024	Class A Common Stock	35,000	\$ 47.72	D <u>(1)</u>	Â
Stock Option	05/21/2016	05/21/2025	Class A Common Stock	60,000	\$ 57.97	D <u>(1)</u>	Â

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Ivas Michael R. C/O AMPHENOL CORPORATION 358 HALL AVENUE WALLINGFORD, CT 06492	Â	Â	Â VP and Controller	Â

## Signatures

Edward C.  
Wetmore, POA                      07/22/2015

\*\*Signature of Reporting Person                      Date

## Explanation of Responses:

- \* 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).
- (1) Securities owned reflect 2-for-1 stock split effective October 9, 2015.

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.