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

1. Name and Address of Reporting Person* Liner David B	2. Date of Event Requiring Statem (Month/Day/Year) 08/01/2005	ent T	3. Issuer Name and Ticker or Trading Symbol <u>ROPER INDUSTRIES INC /DE/</u> [ ROP ]					
(Last) (First) (Middle) 2160 SATELLITE BLVD S-200 (Street) DULUTH GA 30097	_		I. Relationship of Reporting Perso Check all applicable) Director X Officer (give title below) VP, General Counsel	10% Owne Other (spe below)	er (Mo cify 6. li App	nth/Day/Year) ndividual or Join licable Line) K Form filed b	ate of Original Filed t/Group Filing (Check by One Reporting Person by More than One Yerson	
(City) (State) (Zip)								
Table I - Non-Derivative Securities Beneficially Owned								
1. Title of Security (Instr. 4)			Amount of Securities neficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)		
Common Stock			0	D				
Table II - Derivative Securities Beneficially Owned           (e.g., puts, calls, warrants, options, convertible securities)								
1. Title of Derivative Security (Instr. 4)	2. Date Exerci Expiration Da (Month/Day/Ye	te	3. Title and Amount of Securi Underlying Derivative Securi		4. Conversion or Exercise	Form:	. (Instr. 5)	
Explanation of Responses:		Expiration Date	Title	Amount or Number of Shares	Price of Derivative Security	Direct (D) or Indirect (I) (Instr. 5)		

Remarks:

David B. Liner

<u>08/03/2005</u>

\*\* 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 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.