## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, [ | D.C. | 20549 |
|---------------|------|-------|
|---------------|------|-------|

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPRO              | DVAL      |
|------------------------|-----------|
| OMB Number:            | 3235-0287 |
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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*  Soni Paul J  (Last) (First) (Middle)  C/O ROPER INDUSTRIES, INC.  6901 PROFESSIONAL PARKWAY EAST, SUITE 200  (Street) |   |        |                                      |            |   | 3. D<br>03/                   | Issuer Name and Ticker or Trading Symbol ROPER INDUSTRIES INC [ ROP ]  3. Date of Earliest Transaction (Month/Day/Year) 03/02/2009  4. If Amendment, Date of Original Filed (Month/Day/Year) |                                    |                                    |   |         |  |                     |                                     |  |   | S. Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director                                      |   |   |  |                      |  |
|---|---|--------|--------------------------------------|------------|---|-------------------------------|--|------------------------------------|------------------------------------|---|---------|--|---------------------|-------------------------------------|--|---|---|---|---|--|----------------------|--|
| SARASO  |   | FL     |                                      | 34240      |   |                               |  |                                    |                                    |   |         |  |                     |                                     |  | Form filed by More than One Reporting Person                      |   |   |   |  |                      |  |
| (City)  | (   | (State |                                      | Zip)       |   | <u> </u>                      | _  |                                    |                                    |   |         |  |                     |                                     |  |   |   |   |   |  |                      |  |
| 1. Title of Security (Instr. 3)   |   |        | 2. Transaction Date (Month/Day/Year) |            | r)  | 2A. Deemed<br>Execution Date, |  | 3.<br>Transa<br>Code (<br>8)       | 4. Securit                         | Securities Acquired (A) (sposed Of (D) (Instr. 3, 4 |         |  |                     | 5. Ame<br>Securi<br>Benefi<br>Owner | ount of<br>ities<br>icially<br>d Following | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) |   | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |   |  |                      |  |
|   |   |        |                                      |            |   |                               |  |                                    |                                    | Code  | v       | Amount   |                     | (A) or (D) Price                    |  |   |   | ted<br>action(s)<br>3 and 4)                        |   |  | (Instr. 4)           |  |
| Common Stock  |   |        |                                      | 03/02/2009 |   |                               |  |                                    | F                                  |   | 1,473(1 | L)   | D \$3               |                                     | 7.99                                       | 24,330  |   |   | D   |  |                      |  |
| Common Stock  |   |        |                                      |            |   |                               |  |                                    |                                    |   |         |  |                     |                                     | 811  |   |   | Ι   | By<br>Spouse<br>401(k)  |  |                      |  |
| Common Stock  |   |        |                                      |            |   |                               |  |                                    |                                    |   |         |  |                     |                                     |  | 2,816   |   | 2,816   |   | I  | By<br>401(k)<br>Plan |  |
|   |   |        | Та                                   |            |   |                               |  |                                    |                                    |   |         |  | sed of,<br>onvertib |                                     |  |   |   | wned  |   |  |                      |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)   | Derivative Conversion Date Execution Date, To Country or Exercise (Month/Day/Year) if any |        |                                      |            | saction e (Instr. Securiti Acquirer (A) or Dispose of (D) (Instr. 3, and 5) |                               |  | tive<br>ties<br>red<br>sed<br>3, 4 | 6. Date E<br>Expiratio<br>(Month/D | on Date   |         | 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)  Amou or Numb of |                     | ount                                | Deri<br>Sec                                |   | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction(s<br>(Instr. 4) | C   | Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |                      |  |

## **Explanation of Responses:**

1. Withholding of shares to satisfy tax withholding obligations.

## Remarks:

/s/ Paul J. Soni

03/04/2009

\*\* Signature of Reporting Person Date

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

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.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).