Edgar Filing: WEST PHARMACEUTICAL SERVICES INC - Form 4

WEST PHA Form 4	ARMACEUTICA	L SERVI	CES IN	C								
April 26, 2									OMB	APPROVAL		
FOR	UNITED	STATES		RITIES ashingto				COMMISSION		3235-0287		
if no lo subject Section Form 4	to SIAIEI 116. or	EMENT OF CHANGES IN BENEFICIAL OWNER SECURITIES							Expires: Estimate burden h response	•		
Form 5 obligat may co <i>See</i> Ins 1(b).	ions Section 17	(a) of the l	Public 1		olding Co	ompa	ny Act	nge Act of 1934, of 1935 or Sectio 940	on			
(Print or Type	e Responses)											
1. Name and Address of Reporting Person <u>*</u> MOREL DONALD E JR			2. Issuer Name and Ticker or Trading Symbol WEST PHARMACEUTICAL SERVICES INC [(WST)]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last)	(First)	(Middle)	3. Date	3. Date of Earliest Transaction (Month/Day/Year)				Director 10% Owner X Officer (give title Other (specify				
101 GORDON DRIVE			04/22/2005					below) below) Chair of the Board, Pres & CEO				
(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 				
LIONVIL	LE, PA 19341							Person	More than One	Reporting		
(City)	(State)	(Zip)	Та	ble I - Non	-Derivativ	ve Sec	urities A	cquired, Disposed o	of, or Benefic	cially Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)			3. 4. Securities A Transaction(A) or Dispose Code (Instr. 3, 4 and (Instr. 8) (A) or Code V Amount (D)		d of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common Stock	04/22/2005			A	22.77		\$ 26.61	9,052.8873 <u>(1)</u>	I	Non-Qualified Deferred Compensation Plan		
Common Stock								$\underbrace{181,176.9522}_{(1)}$	D			
Common Stock								765.5989 <u>(1)</u>	Ι	By Savings Plan		

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

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

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Dat (Month/Day/Year)		4. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amo Unde Secur	tele and unt of rtlying rities : 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Reporting Owners											
Reporting	Owner Name /	/ Address	ress Relationships								
		Direc	or 10% Owner O	Officer			Other	ſ			
101 GOR	DONALD E DON DRIV LLE, PA 193	E		Chair of t	he Board	, Pres & CE	Ô				

Signatures

By: Joanne K. Boyle As Agent for Donald E. Morel, Jr.	04/26/2005
**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) Reflects additional shares purchased through dividend reinvestments based on most recent plan statement.

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.