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WEST PHARMACEUTICAL SERVICES INC

Form 4 May 24, 2005

FORM 4

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

OMB Number: 3235-0287

OMB APPROVAL

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005
Estimated average

Form 4 or Form 5 obligations may continue.

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

2. Issuer Name and Ticker or Trading

burden hours per response... 0.5

5. Relationship of Reporting Person(s) to

Issuer

Persons who respond to the collection of

information contained in this form are not

See Instruction 1(b).

(Print or Type Responses)

MOREL DONALD E JR

1. Name and Address of Reporting Person *

MOREL DONALD E JR				Symbol WEST PHARMACEUTICAL SERVICES INC [(WST)]					(Check all applicable)				
	(Last) 101 GORE	(First) OON DRIVE	rirst) (Middle) RIVE treet) 19341 tate) (Zip) saction Date 2A. Deemed		3. Date of Earliest Transaction (Month/Day/Year) 05/20/2005				Director 10% Owner Officer (give title Other (specify below) below) Chair of the Board, Pres & CEO				
(Street) LIONVILLE, PA 19341				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)	Ta	ble I - Non	ı-Derivativ	ve Sec	curities A	Acquired, Disposed	l of, or Benef	icially Owned		
	1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Execution lany	Date, if	3. 4. Securities Acquired Transaction(A) or Disposed of Code (D) (Instr. 8) (Instr. 3, 4 and 5) (A) or Code V Amount (D) Price			d of	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
	Common Stock	05/20/2005			A	25.66	A	\$ 28.1	9,098.2552 (1)	I	Non-Qualified Deferred Compensation Plan		
	Common Stock								207,301.9522 (1)	D			
	Common Stock								765.5989 (1)	I	By Savings Plan		

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

SEC 1474

(9-02)

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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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exer	cisable and	7. Titl	le and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	onNumber Expiration Date		Amou	int of	Derivative	Deriv	
Security	or Exercise		any	Code	of	(Month/Day/	/Year)	Under	rlying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative			Securities	(Instr. 5)	Bene	
	Derivative				Securities	3		(Instr.	3 and 4)		Own
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
									Amount		
						Date	Expiration Date	Title Number			
						Exercisable			of		
				Codo V	(A) (D)						
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

MOREL DONALD E JR 101 GORDON DRIVE LIONVILLE, PA 19341

Chair of the Board, Pres & CEO

Signatures

By: Joanne K. Boyle As Agent for Donald E. Morel, Jr.

05/24/2005

**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.

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