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WEST PHA Form 4 July 06, 20	ARMACEUTICA 05	L SERVIO	CES IN	С							
FOR									OMB	APPROVAL	
	UNITED	STATES			AND EX n, D.C. 20		NGE	COMMISSION	OMB Number:	3235-0287	
Check if no lo			U U	·				Expires:	January 31,		
if no longer subject to Section 16. Form 4 or			F CHA		N BENEF JRITIES	ICIA	NERSHIP OF	Estimated burden ho response	ours per		
Form 5 obligat may co <i>See</i> Ins 1(b).	ions Section 17	(a) of the l	Public I	Utility Ho		npany	y Act c	ge Act of 1934, of 1935 or Sectio 40	n		
(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					5. Relationship of Reporting Person(s) to Issuer			
			SERVICES INC [WST]					(Check all applicable)			
(Last) (First) (Middle) 101 GORDON DRIVE				of Earliest /Day/Year) /2005	Transaction			Director 10% Owner X Officer (give title Other (specify below) below)			
								Chairman of the Board & CEO			
	(Street)			lonth/Day/Y	Date Origina ear)	1		6. Individual or Jo Applicable Line) _X_ Form filed by 0 Form filed by N	One Reporting	Person	
LIONVIL	LE, PA 19341							Person			
(City)	(State)	(Zip)	Та	ble I - Non	-Derivative	Secur	ities Ac	quired, Disposed of	f, or Benefici	ally Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution I any (Month/Da)	Date, if	Code		osed c	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 Beneficia Ownership (Instr. 4)	
Common	07/01/2005							0 175 5(9 (1)	т	Non-Qualified Deferred	
Stock	07/01/2005			А	25.6648	A	\$ 28.1	9,175.568 <u>(1)</u>	Ι	Compensation Plan	
Common Stock								208,371.2421 (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.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)

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required to respond unless the form displays a currently valid OMB control number.

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

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. Transact	5. ionNumber	6. Date Exer Expiration D			tle and unt of	8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of Derivative Security	(, , , , , , , , , , , , , , , , , , ,	any (Month/Day/Year)	Code (Instr. 8)	of	(Month/Day/ e		Unde Secur	erlying	Security (Instr. 5)	Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		
Repoi	rting O	wners									
				Deletier							

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
MOREL DONALD E JR 101 GORDON DRIVE LIONVILLE, PA 19341			Chairman of the Board & CEO					
Signatures								
By: Joanne K. Boyle as Agent	for Donal	d E.						

Morel, Jr.

<u>**</u>Signature of Reporting Person

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.

07/06/2005

Date