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ELLERS ST	EVEN A												
Form 4													
August 16, 2													
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION												/IB APPROVAL	
Check th		STATES				n, D.C. 2			COMMISSIO	0	MB umber:		-0287
if no long	aer			NODO	TN					E>	xpires:	Janua	ry 31, 2005
subject to Section 16. Form 4 or						RITIES		IAL OV	VNERSHIP O	Es bu	urden h	timated average rden hours per sponse 0.1	
Form 5 obligatio may cont <i>See</i> Instr 1(b).	Filed pu ns Section 17	(a) of the l	Public I	Utility I	Ho	lding Co	ompa		nge Act of 1934 of 1935 or Sect 940	,	300130	····	0.0
(Print or Type]	Responses)												
1. Name and Address of Reporting Person <u>*</u> ELLERS STEVEN A			2. Issuer Name and Ticker or Trading Symbol WEST PHARMACEUTICAL						5. Relationship of Reporting Person(s) to Issuer				
		SERVICES INC [(WST)]						(Check all applicable)					
				of Earlie /Day/Yea		Fransactio	n		Director 10% Owner 10% Owner Officer (give title Other (specify				
101 GORD		08/12/2005						below) below) COO & President					
	4. If An	nendmen	t. D	Date Origi	nal		6. Individual or Joint/Group Filing(Check						
				lonth/Day		-			Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting				
LIONVILL	E, PA 19541								Person				
(City)	(State)	(Zip)	Ta	ble I - N	on-	Derivativ	ve Sec	urities A	cquired, Disposed	of, or	Benefic	cially Owne	d
	2. Transaction Date (Month/Day/Year)	n Date 2A. Deemed Year) Execution Date, if any (Month/Day/Year)			etio 3)	4. Securi n(A) or Di (Instr. 3,	spose 4 and (A) or	d of (D) 5)	Beneficially For Owned Dir		(D) irect	7. Nature of Indirect Ber Ownership (Instr. 4)	
Common Stock	08/12/2005			A		Amount 16.21	(D) A	Price \$ 26.62	16,367.142 (1)	I		Non-Qual Deferred Compenss Plan	
Common Stock									85,030.4663 (2)	D			
Common Stock									2,781.688 <u>(1)</u>	Ι		By Saving Plan	gs

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 Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D)		ate	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(Instr. 3, 4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		(mou

Reporting Owners

Reporting Owner Name / Address	Relationships								
	Director	10% Owner	Officer	Other					
ELLERS STEVEN A 101 GORDON DRIVE LIONVILLE, PA 19341			COO & President						
Signatures									
By: By: Joanne K. Boyle as Agent for									
<u>**</u> 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.
- (2) Reflects additional shares purchased through dividend reinvestments based on most recent plan statement and tax withholding for vested shares.

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.