Edgar Filing: WEST PHARMACEUTICAL SERVICES INC - Form 4

WEST PHARMACEUTICAL SERVICES INC

Form 4

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September 12, 2005

. 0111	UNITED	STATES		RITIES ashingtor				COMMISSIO	ON OMB Numbe	r: 3235-0287	
if no lo subject Section Form 4 Form 5 obligat may co	to STATES 116. or Filed pu	SECU 16(a) of t	RITIES the Secu	S urities ompa	Exchar	WNERSHIP Onge Act of 1934 of 1935 or Sec	burden respons 1,	ted average hours per			
(Print or Type	e Responses)										
1. Name and Address of Reporting Person * ALTEMUS LINDA R			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) 101 GORDON DRIVE			3. Date of Earliest Transaction (Month/Day/Year) 09/09/2005					Director 10% OwnerX_ Officer (give title Other (specify below) VP & Chief Compliance Officer			
				nendment, I onth/Day/Ye	_	inal		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)	Tal	ble I - Non-	-Derivati	ve Sec	urities A	cquired, Dispose	d of, or Benef	icially Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution I any (Month/Day	d Date, if	3. Transactic Code (Instr. 8)	4. Secur on(A) or D (Instr. 3,	ities Arispose 4 and (A) or	cquired 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 Beneficia Ownership (Instr. 4)	
Common	09/09/2005			A	10.49	A	\$	4,395.9783	I	Non-Qualified Deferred	

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

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

22,054.2206

1,387.9996

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D

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 $29.05 \frac{(1)}{}$

Compensation

By Savings

Plan

Plan

OMB APPROVAL

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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	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		ate	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)	Derivativ	e		Secur	ities	(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 Expira	Expiration	Title	or Number		
						Exercisable	Date		of		
				Codo V	(A) (D)						
				Code V	(A) (D)				Shares		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

ALTEMUS LINDA R 101 GORDON DRIVE LIONVILLE, PA 19341

VP & Chief Compliance Officer

Signatures

By: By: Joanne K. Boyle as Agent for 09/12/2005

**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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