#### Edgar Filing: WEST PHARMACEUTICAL SERVICES INC - Form 4/A

#### WEST PHARMACEUTICAL SERVICES INC

Form 4/A August 16, 2006

# FORM 4

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

**OMB APPROVAL** 

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

obligations may continue. See Instruction

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * ELLERS STEVEN A			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) 101 GORDON	(First)  DRIVE	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 05/08/2006	Director 10% Owner _X_ Officer (give title below) COO & President			
LIONVILLE, I	(Street) PA 19341		4. If Amendment, Date Original Filed(Month/Day/Year) 05/09/2006	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			

(Instr. 3)  any (Month/Day/Year) (Instr. 8)  Code (Instr. 3, 4 and 5)  Beneficially Owned Direct (D) (Instr. 4) Following or Indirect Reported (I) Transaction(s) (Instr. 4) (Instr. 3 and 4)	(City)	(State)	(Zip) Ta	ble I - Noi	1-Derivativ	e Securi	ties Acqu	iired, Disposed of	, or Beneficial	ly Owned
C-1- V Amount (D) Dui (Institute and I)	Security		Execution Date, if any	Code (Instr. 8)	or Dispos (Instr. 3,	sed of (D) 4 and 5) (A) or	` ′	Securities Beneficially Owned Following Reported	Ownership Form: Direct (D) or Indirect (I)	Indirect Beneficia Ownership

		(Month/Day/Year)	Code V	Amount	(A) or (D)	Price	Following Reported Transaction(s) (Instr. 3 and 4)	or Indirect (I) (Instr. 4)	(instr. 4)
Common Stock	05/08/2006		M	5,000	A	\$ 14.7032	104,682.8025	D	
Common Stock	05/08/2006		S	5,000	D	\$ 36.891	99,682.8025	D	
Common Stock							2,815.1782 <u>(1)</u>	I	By Savings Plan
Common Stock							22,361.2724 (1)	I	Non-Qualified Deferred Compensation Plan

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

SEC 1474 (9-02)

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. Number	6. Date Exerci	sable and	7. Title and A	Amount of	8
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction Derivative		Expiration Dat	Expiration Date		Underlying Securities	
Security	or Exercise		any	Code	Securities	(Month/Day/Y	ear)	(Instr. 3 and	4)	5
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired					(
	Derivative				(A) or					
	Security				Disposed of					
					(D)					
					(Instr. 3, 4,					
					and 5)					
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right to	\$ 14.7032	05/08/2006		M	5,000	08/05/1998	08/05/2007	Common Stock	5,000	

### **Reporting Owners**

Reporting Owner Name / Address	Relationships
Reporting Owner Name / Address	

Director 10% Owner Officer Other

ELLERS STEVEN A 101 GORDON DRIVE LIONVILLE, PA 19341

COO & President

## **Signatures**

Buy) (2)

By: By Joanne K. Boyle As Agent for 05/08/2006

\*\*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) Derivative portion of exercise inadvertently omitted from exercise on original Form 4.

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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