FEDERICI WILLIAM J

Form 4

October 24, 2006

FORM 4

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

OMB APPROVAL OMB

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

5 Relationship of Reporting Person(s) to

subject to Section 16. Form 4 or Form 5 obligations may continue.

Check this box

if no longer

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

SECURITIES

1(b).

Stock

(Print or Type Responses)

1 Name and Address of Reporting Person *

See Instruction

FEDERICI WILLIAM J				2. Issuer Name and Ticker or Trading Symbol WEST PHARMACEUTICAL SERVICES INC [(WST)]				C	Issuer (Check all applicable)			
101	(Last)	(First) OON DRIVE	(Middle)		/Day/Year	Transactio	on		Director X Officer (good below)	give title below VP & CFC		
, , , , , , , , , , , , , , , , , , , ,				Applicable Line _X_ Form filed	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person							
LIC	ONVILI	LE, PA 19341							Form filed b	by More than O	ne Reporting	
	(City)	(State)	(Zip)	Tal	ble I - Nor	ı-Derivati	ve Sec	curities A	cquired, Disposed	d of, or Benef	icially Owned	
Sec	itle of urity str. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution any (Month/Da	Date, if	Code (Instr. 8)	4. Securi on(A) or Do (Instr. 3,	ispose	ed 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 Beneficial Ownership (Instr. 4)	
Con	mmon ock	10/20/2006			A	10.48	A	\$ 41.86	10,330.0767 (1)	I	Non-Qualified Deferred Compensation Plan	
Co	mmon								11,252.3829	D		

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

(1)

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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		4.	5.	6. Date Exer		7. Title a		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if		onNumber	Expiration D		Amount		Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	_	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securitie	es	(Instr. 5)	Bene
	Derivative				Securities	S		(Instr. 3	and 4)		Own
	Security				Acquired						Follo
	,				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						(IIISti
					4, and 5)						
					4, and 3)						
								A	mount		
						D.	E	01	r		
							Expiration	Title N			
							Date	01			
				Code V	(A) (D)				hares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Othe				
FEDERICI WILLIAM J 101 GORDON DRIVE LIONVILLE, PA 19341			VP & CFO					

Signatures

By: By Joanne K. Boyle As Agent for 10/24/2006

**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.

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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