Edgar Filing: WEST PHARMACEUTICAL SERVICES INC - Form 4

WEST PHA Form 4 March 16, 2	ARMACEUTICA 2005	L SERVIO	CES IN	С							
									OMB	APPROVAL	
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
Check if no lo	this box								Expires:	January 31,	
subject Section Form 4	to SIAIE. 16. or	STATEMENT OF CHANGES IN BENEFICIAL OWNER SECURITIES								2005 d average burs per 0.5	
Form 5 obligations may continue.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 19401(b).30(h) of the Investment Company Act of 1940											
(Print or Type	e Responses)										
1. Name and Address of Reporting Person <u>*</u> GAILEY JOHN R			2. Issuer Name and Ticker or Trading Symbol WEST PHARMACEUTICAL					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
			SERVICES INC [(WST)]					(Check an appreable)			
(Last) (First) (Middle) 101 GORDON DRIVE			3. Date of Earliest Transaction (Month/Day/Year) 03/14/2005					Director 10% Owner X Officer (give title Other (specify below) below) VP, Gen. Counsel & Sec.			
	(Street)		4 If An	nendment l	Date Origina	1		 6. Individual or Joint/Group Filing(Check 			
	4. If Amendment, Date Original Filed(Month/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting					
	LE, PA 19341							Person			
(City)	(State)	(Zip)	Ta	ble I - Non	-Derivative	Secur	ities Acq	uired, Disposed of	f, or Benefici	ally Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemee Execution I any (Month/Da	Date, if	Code	4. Securitie onor Disposed (Instr. 3, 4 a Amount	l of (È))	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 Stock	03/14/2005			A	11.7688	A	\$ 24.09	1,670.3088 (1)	I	Non-Qualified Deferred Compensation Plan	
Common Stock								42,246.3222 (<u>1)</u>	D		
Common Stock								194.0831 <u>(1)</u>	I	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	2.	3. Transaction Date		4.	5.	6. Date Exer		7. Title		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amoun	t of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ving	Security	Secu
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securiti	es	(Instr. 5)	Bene
	Derivative		· · ·		Securities			(Instr. 3	and 4)		Owne
	Security				Acquired				<i>,</i>		Follo
	·····				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					. ,						(msu
					(Instr. 3, 4)						
					4, and 5)						
								A	Amount		
									or		
						Date	Expiration		Number		
						Exercisable	Date	of			
				Code V	(Λ) (D)				Shares		
				Coue v	(A) (D)			3	mares		

Reporting Owners

Reporting Owner Name / Address			Relationships			
I B	Director	10% Owner	Officer	Other		
GAILEY JOHN R 101 GORDON DRIVE LIONVILLE, PA 19341			VP, Gen. Counsel & Sec.			
Signatures						
By: Joanne K. Boyle as Agent Gailey III	for John H	₹.	03/16/2005			
<u>**</u> Signature of Reporting F	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.