ALTEMUS LINDA R

Check this box

Form 4 April 11, 2005

FORM 4

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

OMB Number:

Expires:

3235-0287 January 31,

0.5

if no longer STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF subject to **SECURITIES** Section 16.

2005 Estimated average burden hours per

OMB APPROVAL

response...

5. Relationship of Reporting Person(s) to

Form 4 or Form 5 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

2. Issuer Name and Ticker or Trading

1(b).

Common

stocks Common

stocks

(Print or Type Responses)

1. Name and Address of Reporting Person *

| ALTEMUS LINDA R | | | | Symbol WEST PHARMACEUTICAL SERVICES INC [(WST)] | | | | | | Issuer (Check all applicable) | | | | |
|------------------------------|--|--------------------------------------|-----------------|---|-----------|--|-------------|-------|------------|--|---|---|--|--|
| | (Last) (First) (Middle) 101 GORDON DRIVE | | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 04/08/2005 | | | | | | Director 10% Owner _X Officer (give title Other (specify below) VP & Chief Compliance Officer | | | | |
| (Street) LIONVILLE, PA 19341 | | | | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | | 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 - N | on | -Derivative | Secur | ities Ac | quired, Disposed | of, or Benefi | cially Owned | | |
| | 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | Execution I any | xecution Date, if | | Code (Instr. 3, 4 and 5) (Instr. 8) (A) or | | | of (D) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | Common stocks | 04/08/2005 | | | A | • | 12.1327 | A | \$ 23.9 | 4,243.9017 (1) | I | Non-Qualified Deferred Compensation 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)

23,411.3656

1,382.5678

(1)

(1)

D

Ι

By Savings

Plan

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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 o | f 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. | 6. Date Exer | cisable and | 7. Titl | e and | 8. Price of | 9. Nu |
|------------|--------------|---------------------|--------------------|------------|------------|--------------|----------------|--------------|----------|-------------|--------|
| Derivativ | e Conversion | (Month/Day/Year) | Execution Date, if | Transacti | orNumber | Expiration D | ate | Amou | nt of | Derivative | Deriv |
| Security | or Exercise | | any | Code | of | (Month/Day/ | /Year) | Under | lying | Security | Secui |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Derivativ | e | | Securi | ities | (Instr. 5) | Bene |
| | Derivative | | | | Securities | S | | (Instr. | 3 and 4) | | Own |
| | Security | | | | Acquired | | | | | | Follo |
| | | | | | (A) or | | | | | | Repo |
| | | | | | Disposed | | | | | | Trans |
| | | | | | of (D) | | | | | | (Instr |
| | | | | | (Instr. 3, | | | | | | |
| | | | | | 4, and 5) | | | | | | |
| | | | | | | | | | A | | |
| | | | | | | | | | Amount | | |
| | | | | | | Date | Expiration | Title | Or | | |
| | | | | | | Exercisable | ercisable Date | Title Number | | | |
| | | | | C 1 17 | (A) (D) | | | | of | | |
| | | | | 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: Joanne K. Boyle as Agent for Linda R.

Altemus 04/11/2005

**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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