MILLER GEORGE LLOYD

Form 4

September 11, 2017

FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0287

Expires: January 31, 2005

Estimated average burden hours per response... 0.5

5. Relationship of Reporting Person(s) to

Check this box if no longer subject to Section 16. Form 4 or Form 5

SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

obligations may continue.

See Instruction

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).

(Print or Type Responses)

1. Name and Address of Reporting Person *

MILLER GEORGE LLOYD	Symbol WEST PHARMACEUTICAL SERVICES INC [WST]	Issuer (Check all applicable)									
(Last) (First) (Middle 530 HERMAN O. WEST DRIVE	3. Date of Earliest Transaction (Month/Day/Year) 09/08/2017	Director 10% Owner Officer (give title Other (specify below) Sr. VP, GC & Corp. Sec.									
(Street) EXTON, 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)	(State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
(Instr. 3) any	eemed 3. 4. Securities Acquired tion Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) h/Day/Year) (Instr. 8) (A) or Code V Amount (D) Price	5. Amount of Securities Ownership Indirect Beneficial Beneficially Form: Ownership Owned Direct (D) (Instr. 4) Following or Indirect Reported (I) Transaction(s) (Instr. 4) (Instr. 3 and 4)									
Common Stock 09/08/2017	A 5.2998 A \$ 91.43	$ \begin{array}{c} \text{A,579.0389} \\ \underline{\text{(1)}} \\ \end{array} \text{I} & \begin{array}{c} \text{Non-Qualified} \\ \text{Deferred} \\ \text{Compensation} \\ \text{Plan} \\ \end{array} $									
Common Stock		8,673.1811 D									
Common Stock		159.7647 (1) 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 information contained in this form are not (9-02)

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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	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title a	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orNumber	Expiration D	ate	Amount	of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ing	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securitie	es	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3	and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									mount		
						Date	Expiration	01 Title N			
						Exercisable	Date	Title Number			
				C 1 W	(A) (D)			of			
				Code V	(A) (D)			S	hares		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

MILLER GEORGE LLOYD 530 HERMAN O. WEST DRIVE EXTON, PA 19341

Sr. VP, GC & Corp. Sec.

Signatures

Susan Pilotti as Agent for George L. Miller

09/11/2017

**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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