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

### WEST PHARMACEUTICAL SERVICES INC

Form 4

Stock

Stock

Common

Common

February 28, 2005

FORI	\ <b>Л</b>									APPROVAL		
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMI Washington, D.C. 20549							COMMISSION	OMB Number:	3235-0287			
Check if no lo	this box									January 31, 2005		
subject Section Form 4	to SIAIE.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSE SECURITIES						NERSHIP OF	Estimated burden he response	d average ours per		
Form 5 obligat may co See Ins 1(b).	ions Section 17	(a) of the	Public 1	Utility Ho		npany	y Act of	e Act of 1934, 1935 or Section 0	n			
(Print or Type	e Responses)											
1. Name and Address of Reporting Person * GAILEY JOHN R			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) (First) (Middle)			3. Date of Earliest Transaction					Director 10% Owner				
101 GORDON DRIVE			(Month/Day/Year) 02/25/2005					X Officer (give title Other (specify below) VP, Gen. Counsel & Sec.				
				nendment, l lonth/Day/Ye	Date Origina ear)	ıl		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
LIONVIL	LE, PA 19341							Form filed by M Person	Iore than One	Reporting		
(City)	(State)	(Zip)	Ta	ble I - Non	-Derivative	Secur	ities Acq	uired, Disposed of	, or Benefic	ially Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	ransaction Date 2A. Deemed enth/Day/Year)  Execution Date, if any (Month/Day/Year)			Onor Dispose (Instr. 3, 4	d of (D and 5) (A) or	<b>)</b> )	Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	02/25/2005			Code V  A	Amount 11.1813	(D)	Price \$ 25.85	1,658.54 <u>(1)</u>	I	Non-Qualified Deferred Compensation		

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)

38,598.9822

194.0831 (1) I

(1)

D

Compensation

By Savings

Plan

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 of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Titl	e and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	n/Day/Year) Execution Date, if		orNumber	Expiration D	Expiration Date		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)	Derivative	e		Securi	ties	(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)						
									Amaunt		
						Date Exercisable	Expiration Date	Title Numb			
				Code V	(A) (D)						
				Code V	4, and 5)		•	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address Relationships

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 for John R. Gailey III

02/28/2005

\*\*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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