#### HUGILL HERBERT L

Form 4/A March 08, 2005

## FORM 4

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

OMB Number: 3235-0287

5. Relationship of Reporting Person(s) to

Issuer

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005
Estimated average

**OMB APPROVAL** 

Section 16. 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

Symbol

burden hours per response... 0.5

1(b).

(Print or Type Responses)

HUGILL HERBERT L

1. Name and Address of Reporting Person \*

			WEST PHARMACEUTICAL SERVICES INC [(WST)]				L	(Check all applicable)			
(Last) (First) (Middle) 101 GORDON DRIVE			3. Date of Earliest Transaction (Month/Day/Year) 04/08/2004					Director 10% Owner Section Other (specify below)  Pres.of the Americas, Pharma.			
LIONVIL		4. If Amendment, Date Original Filed(Month/Day/Year) 04/12/2004					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) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned										
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution I any (Month/Day	Date, if	3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)  (A) or Code V Amount (D) Price			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)	
Common Stock	04/08/2004			M	7,000	A	\$ 32.375	17,000	I	By Family Trust	
Common Stock	04/08/2004			F	5,871	D	\$ 38.6	11,129	I	By Family Trust	
Common stocks	04/08/2004			A	6.94	A	\$ 38.8	874.6837 <u>(1)</u>	I	Non-Qualified Deferred Compensation Plan	
Common stocks								2,187.5036 (1)	D		

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

SEC 1474 (9-02)

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. Number 6. Date Exercis		able and 7. Title and		Amount of 8	
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	onof Derivative	Expiration Date		Underlying S	Underlying Securities D	
Security	or Exercise		any	Code	Securities	(Month/Day/Year)		(Instr. 3 and	4) S	
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Acquired				(1	
	Derivative				(A) or					
	Security				Disposed of					
					(D)					
					(Instr. 3, 4,					
					and 5)					
						Date Exercisable	Expiration Date	Title	Amount or Number of	
				Code V	(A) (D)				Shares	
Stock										
Option (Right to	\$ 16.1875	04/08/2004		M	7,000	04/20/2000	04/20/2004	Common Stock	7,000 \$	

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

HUGILL HERBERT L 101 GORDON DRIVE LIONVILLE, PA 19341

Pres.of the Americas, Pharma.

## **Signatures**

Buy)

By: Joanne K. Boyle As Agent for Herbert L. Hugill

03/08/2005

\*\*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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