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

#### WEST PHARMACEUTICAL SERVICES INC

Form 4

February 28, 2006

# FORM 4 UNIT

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

OMB APPROVAL

OMB

Number: 3235-0287

Check this box if no longer

Expires: January 31, 2005

0.5

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

obligations

may continue.

See Instruction

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response...

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * McMillan Donald A			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) 101 GORDON	(First) N DRIVE	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 02/24/2006	Director 10% Owner X Officer (give title Other (specify below) below)  President Pharma Systems NA		
	(Street)		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		
LIONVILLE, PA 19341				Form filed by More than One Reporting Person		

(City)	(State) (2	Zip) Table	e I - Non-D	erivative S	Securi	ities Ac	quired, Disposed o	of, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities on Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		
Common Stock	02/24/2006		A	3,173	A	\$0	11,950.9992	D	
Common Stock (1)	02/24/2006		A	250	A	\$0	12,200.9992	D	
Common Stock							5,767.2956 <u>(2)</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 information contained in this form are not required to respond unless the form

SEC 1474

(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 Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if	4. 5. Number Transaction Derivative		6. Date Exercisable and		7. Title and Amount of	
Security (Instr. 3)	or Exercise Price of Derivative Security	(Monul/Day/Tear)	any (Month/Day/Year)	Code (Instr. 8)	Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	Expiration Date (Month/Day/Year)		Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 32.585	02/24/2006		A	9,282	02/24/2007	02/24/2016	Common Stock	9,282

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

McMillan Donald A 101 GORDON DRIVE LIONVILLE, PA 19341

President Pharma Systems NA

## **Signatures**

By: By Joanne K. Boyle As Agent for

02/28/2006

\*\*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) Additional amount of shares due to achieving above targeted amount for first performance period of 3/7/05 Performance Vested Restricted Share grant.
- (2) 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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