

WEST PHARMACEUTICAL SERVICES INC  
 Form 4/A  
 April 07, 2006

**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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES**

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

(Print or Type 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)  
 101 GORDON DRIVE  
 (Street)

3. Date of Earliest Transaction (Month/Day/Year)  
 02/24/2006

\_\_\_\_ Director \_\_\_\_\_ 10% Owner  
 Officer (give title below) \_\_\_\_\_ Other (specify below)  
 VP, Gen. Counsel & Sec.

LIONVILLE, PA 19341  
 (City) (State) (Zip)

4. If Amendment, Date Original Filed(Month/Day/Year)  
 03/13/2006

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially 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 Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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)			
			Code	V	Amount	(A) or (D)	Price			
Common Stock <sup>(1)</sup>	02/24/2006		A		664.7444	A	\$ 32.585	31,292.1686	D	
Common Stock <sup>(2)</sup>	02/24/2006		A		950	A	\$ 0	32,242.1686 <sup>(3)</sup>	D	
Common Stock	02/24/2006		A		8.8	A	\$ 32.78	1,962.0473 <sup>(4) (5)</sup>	I	Non-Qualified Deferred Compensation Plan
Common Stock								196.5293 <sup>(4)</sup>	I	By Savings Plan



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

performance vesting requirements (not tied to stock price) are met.] As of 2/24/2006, the Reporting Person owned only 32,242.1686 shares of common stock.

- (4) Reflects additional shares purchased through dividend reinvestments based on most recent plan statement.
- (5) Amount in error as the incorrect price was used to calculate the number of shares.

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.