

WEST PHARMACEUTICAL SERVICES INC
 Form 4
 June 01, 2006

FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287
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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 *
 MOREL DONALD E JR

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)
 05/31/2006

____ Director _____ 10% Owner
 Officer (give title below) _____ Other (specify below)
 Chair of the Board & CEO

LIONVILLE, PA 19341

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

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

(City) (State) (Zip)

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	05/31/2006		D		1,879.8862	D	\$ 33.5712
Common Stock	05/31/2006		D		120.1138	D	\$ 33.53
Common Stock							771.1149 ⁽¹⁾
Common Stock							14,582.4955 ⁽¹⁾
						I	By Savings Plan
						I	Non-Qualified Deferred Compensation Plan

