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

### WEST PHARMACEUTICAL SERVICES INC

Form 4

Common

Stock

September 11, 2006

<b>FORI</b>	МД								D APPROVAL		
	UNITED	ED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							3235-0287		
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  Expires:  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											
(Print or Type	e Responses)										
1. Name and Address of Reporting Person * GAILEY JOHN R			2. Issuer Name <b>and</b> Ticker or Trading Symbol WEST PHARMACEUTICAL SERVICES INC [(WST)]				5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)				
(Last) 101 GORI	(First)  OON DRIVE	(Mo	3. Date of Earliest Transaction (Month/Day/Year) 09/08/2006				Director 10% Owner X Officer (give title Other (specify below) VP, Gen. Counsel & Sec.				
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)				<ul><li>6. Individual or Joint/Group Filing(Check</li><li>Applicable Line)</li><li>_X_ Form filed by One Reporting Person</li></ul>				
LIONVIL	LE, PA 19341						Person	y More than O	ne Reporting		
(City)	(State)	(Zip)	Table I - Non	-Derivati	ve Sec	curities A	cquired, Disposed	of, or Benef	icially Owned		
1.Title of Security (Instr. 3)	Security (Month/Day/Year) Execution Da		rate, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5)				5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Common Stock	09/08/2006		A	8.23	A	\$ 39.96	2,098.9154 (1)	I	Non-Qualified Deferred Compensation Plan		
Common Stock							24,411.4552 (1)	D			

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 (9-02)

197.8701 (1) I

By Savings

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. Title a	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orNumber	Expiration Date		Amount	of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ing	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securitie	es	(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)						
									mount		
						Date	Expiration Date	Title Number			
						Exercisable					
				C 1 W	(A) (D)			of			
				Code V	(A) (D)			S	hares		

## **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: By Joanne K. Boyle As Agent for 09/11/2006

\*\*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) 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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