Edgar Filing: WEST PHARMACEUTICAL SERVICES INC - Form 4

WEST PHARMACEUTICAL SERVICES INC

Form 4

Common

Stock

December 06, 2004

FORI	M A								1B APPROVAL		
. Οι ιι	UNITED	STATES SE					COMMISSIO	0	3235-028		
Check	this box		Washington	n, D.C. 2	2054	9		Numbe	∄: lanuary ੨-		
	if no longer whice the STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP O							Expire F	200		
subject to Section 16. SECURITIES								Estima	Estimated average burden hours per		
Form 4								respor			
	riicu pu	(a) of the Pub		olding Co	ompa	ny Act	nge Act of 193 of 1935 or Sec 940				
(Print or Type	e Responses)										
1. Name and Address of Reporting Person ** GAILEY JOHN R			2. Issuer Name and Ticker or Trading Symbol				5. Relationship of Reporting Person(s) to Issuer				
			EST PHARM RVICES INC			L	(Check all applicable)				
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year)				Director 10% Owner X Officer (give title Other (specify below)				
101 GORI	DON DRIVE	12	/03/2004				VP,	Gen. Counse	l & Sec.		
	(Street)		f Amendment, I ed(Month/Day/Ye	_	nal		6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person				
LIONVIL	LE, PA 19341							by More than C			
(City)	(State)	(Zip)	Table I - Non	-Derivati	ve Sec	urities A	cquired, Dispose	d of, or Bene	ficially Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date any (Month/Day/Ye	Code	Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8)				6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficia Ownership (Instr. 4)		
			Code V	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	(Instr. 4)			
Common Stock	12/03/2004		A	11.77	A	\$ 23.45	1,574.634 (1)	I	Non-Qualified Deferred Compensation Plan		
Common Stock							34,515.174 (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)

192.4359 (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	TransactionNumber		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: Joanne K. Boyle as Agent for John R. Gailey III

12/06/2004

**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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