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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION OMB

#### WEST PHARMACEUTICAL SERVICES INC

Form 4

Common stocks

December 06, 2004

FORM 4

Check	this box		Washington, D.C. 20549						r: 3235-0287 January 31,		
if no lo subject Section Form 4	onger to STATE 1 16.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES									
Form 5 obligat may co	Form 5 obligations may continue. See Instruction  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 HUGILL	Symbol WEST	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 GORI	(Month	3. Date of Earliest Transaction (Month/Day/Year) 12/03/2004				Director 10% Owner Specify below) below)  Pres.of the Americas, Pharma.					
	(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				
LIONVIL	LE, PA 19341						Form filed b Person	y More than O	ne Reporting		
(City)	(State)	(Zip) Ta	ble I - Non	-Derivati	ve Sec	urities A	cquired, Disposed	l of, or Benef	icially Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactic Code (Instr. 8)	on(A) or Di (Instr. 3,	Securities Acquired ) or Disposed of (D) str. 3, 4 and 5)  (A) or nount (D) Price		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)		
Common	12/03/2004		A	11.8	A	\$ 23.45	4,686.3894 (1)	I	Non-Qualified Deferred Compensation		

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 displays a currently valid OMB control number.

SEC 1474

(9-02)

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(1)

Plan

**OMB APPROVAL** 

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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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onNumber	Expiration D	ate	Amoun	t of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ying	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securit	ies	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3	3 and 4)		Own
	Security				Acquired						Follo
	•				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									A manuat		
									Amount		
						Date	Expiration		Or Number		
						Exercisable	Date	Title Number of			
				C + V	(A) (D)						
				Code V	(A) (D)				Shares		

# **Reporting Owners**

Relationships Reporting Owner Name / Address

> Officer Other Director 10% Owner

HUGILL HERBERT L 101 GORDON DRIVE LIONVILLE, PA 19341

Pres.of the Americas, Pharma.

## **Signatures**

By: Joanne K. Boyle As Agent for Herbert L. Hugill

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).
- 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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