Edgar Filing: WEST PHARMACEUTICAL SERVICES INC - Form 4

WEST PHARMACEUTICAL SERVICES INC

Form 4

101 GORDON DRIVE

December 2	1, 2004						
FORM	1 /			OMB APPROVAL			
	UNI	TED STATE	OMB Number:	3235-028			
Check th if no long	rer		Expires:	January 31			
subject to Section 1 Form 4 o	6. STA	TEMENT O	Estimated a burden hou response	rs per			
Form 5 obligatio may conf See Instruction 1(b).	1						
(Print or Type I	Responses)						
1. Name and Address of Reporting Person * MORRA BRUCE S			2. Issuer Name and Ticker or Trading Symbol WEST PHARMACEUTICAL	5. Relationship of Issuer	of Reporting Person(s) to		
			SERVICES INC [(WST)]	(Check all applicable)			
(Last)	(First)	(Middle)	3 Date of Earliest Transaction	Director	10%	Owner	

(Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Filing(Check Filed(Month/Day/Year) Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting

(Month/Day/Year)

12/17/2004

LIONVILLE, PA 19341 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. Transactic Code (Instr. 8)	4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5) (A) or Amount (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 stocks	12/17/2004		A	12.02	A	\$ 23.5	3,064.4677 (1)	I	Non-Qualified Deferred Compensation Plan		
Common stocks							16,773.2402 (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 SEC 1474 information contained in this form are not (9-02) required to respond unless the form displays a currently valid OMB control number.

_X__ Officer (give title _

below)

_ Other (specify

below)

Div President - Drug Delivery

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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		4.	5.	6. Date Exer		7. Title		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secur
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)	Bene
	Derivative				Securities			(Instr.	3 and 4)		Own
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									Amount		
						Date	Expiration		or		
						Exercisable	Date		Number		
						Excicisable D	Date		of		
				Code V	(A) (D)				Shares		

Reporting Owners

Relationships Reporting Owner Name / Address

> Officer Other Director 10% Owner

MORRA BRUCE S 101 GORDON DRIVE LIONVILLE, PA 19341

Div President - Drug Delivery

Signatures

By: Joanne K. Boyle As Agent for Bruce Morra

12/21/2004

**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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