HARGESHEIMER ROBERT S

Form 4

February 25, 2005

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

if no longer subject to Section 16. Form 4 or Form 5

Check this box

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES**

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

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * HARGESHEIMER ROBERT S

(Street)

2. Issuer Name and Ticker or Trading

Symbol

WEST PHARMACEUTICAL SERVICES INC [(WST)]

(Last) (First) (Middle)

3. Date of Earliest Transaction

(Month/Day/Year) 02/24/2005

101 GORDON DRIVE

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

Director 10% Owner _X__ Officer (give title _ Other (specify

5. Relationship of Reporting Person(s) to

(Check all applicable)

OMB APPROVAL

Estimated average

burden hours per

3235-0287

January 31,

2005

0.5

OMB

Number:

Expires:

response...

below) Div Pres-Pharma Device Group

6. Individual or Joint/Group Filing(Check

Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting

Person

Issuer

LIONVILLE, PA 19341

(City)	(State)	(Zip) Tab	le I - Non-l	Derivativo	e Secu	rities Acqu	iired, Disposed of	, or Beneficial	ly 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 D	rities Acquired Disposed of (D) 3, 4 and 5) (A) or nt (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 Stock	02/24/2005		M	3,000	A	\$ 12.4	28,903.4872	D	
Common Stock	02/24/2005		F	1,474	D	\$ 25.235	27,429.4872	D	
Common Stock	02/24/2005		F	467	D	\$ 25.235	26,962.4872	D	
Common Stock	02/24/2005		M	9,000	A	\$ 14.41	35,962.4872	D	
Common Stock	02/24/2005		F	5,139	D	\$ 25.235	30,823.4872	D	

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Common Stock	02/24/2005	F	1,317 D	\$ 25.235	29,506.4872 (1)	D	
Common Stock					4,041.7931 (1)	<u>)</u> I	By 401(k) Savings Plan
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		,		

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	ode Securities		of Derivative Expiration Date Securities (Month/Day/Year) Acquired (A) or Disposed of (D) (Instr. 3, 4,		7. Title and Amount of Underlying Securities (Instr. 3 and 4)		8 D S (I
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Stock Option (Right to Buy)	\$ 12.4	02/24/2005		M		3,000	03/09/2002	03/08/2006	Common stocks	3,000	
Stock Option (Right to Buy)	\$ 14.41	02/24/2005		M		9,000	03/09/2003	03/08/2012	Common Stock	9,000	

Reporting Owners

Reporting Owner Name / Address	Relationships						
• 0	Director	10% Owner	Officer	Other			
HARGESHEIMER ROBERT S							
101 GORDON DRIVE			Div Pres-Pharma Device Group				
LIONVILLE, PA 19341							

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Signatures

By: Joanne Boyle As Agent for Robert S. Hargesheimer

02/25/2005

**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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