

WEST PHARMACEUTICAL SERVICES INC
 Form 4/A
 April 07, 2006

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
 Washington, D.C. 20549

OMB APPROVAL

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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

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 Responses)

1. Name and Address of Reporting Person *
 McMillan Donald A

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) (First) (Middle)
 101 GORDON DRIVE
 (Street)

3. Date of Earliest Transaction (Month/Day/Year)
 02/24/2006

____ Director _____ 10% Owner
 Officer (give title below) _____ Other (specify below)
 President Pharma Systems NA

LIONVILLE, PA 19341
 (City) (State) (Zip)

4. If Amendment, Date Original Filed(Month/Day/Year)
 02/28/2006

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
 ___ Form filed by More than One Reporting Person

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. Transaction Code (Instr. 8)	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	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 Ownership (Instr. 4)
Common Stock ⁽¹⁾	02/24/2006		A	250	A \$ 0 9,027.9992 ⁽²⁾	D	
Common Stock					5,767.2956 ⁽³⁾	I	By Savings Plan

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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SEC 1474 (9-02)

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)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	8. Amount or Number of Shares
Stock Option (Right to Buy)	\$ 32.585	02/24/2006		A	9,282	02/24/2007 02/24/2016	Common Stock	9,282

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
McMillan Donald A 101 GORDON DRIVE LIONVILLE, PA 19341			President Pharma Systems NA	

Signatures

By: By Joanne K. Boyle As Agent for 04/07/2006

____ 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) Additional amount of shares due to achieving above targeted amount for first performance period of 3/7/05 Performance Vested Restricted Share grant.
The reporting person mistakenly filed a Form 4 reporting an acquisition of 3,173 shares of common stock on 2/24/2006 that did not in fact occur. [On that date the Reporting Person was granted performance [shares/units] which are not reportable unless and until certain performance vesting requirements (not tied to stock price) are met.] As of 2/24/2006, the Reporting Person owned only 9,027.9992 shares of common stock.
- (3) 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.