Edgar Filing: WEST PHARMACEUTICAL SERVICES INC - Form 4

WEST PHARM Form 4		SERVIC	ES INC								
January 04, 201 FORM 4 Check this b if no longer subject to Section 16. Form 4 or Form 5 obligations may continue See Instruction 1(b).	4 UNITED S ox STATEM Filed purs e. Section 17(a	ENT OF uant to Se) of the P	Was CHANG ection 16 ublic Uti	hington, l GES IN E SECURI 5(a) of the	D.C. 205 BENEFI (TIES Securitioning Comp	5 49 CIAL (es Exch pany A	SE COMMISSI DWNERSHIP hange Act of 193 ct of 1935 or Se 1940	OF 34,	OMB Number: Expires: Estimated a burden hou response	•	
(Print or Type Responses) 1. Name and Address of Reporting Person <u>*</u> BUTHMAN MARK A			Symbol WEST P	Name and ' HARMA ES INC [CEUTIC	-	Issuer	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) 530 HERMAN	(First) (M	(3. Date of (Month/Da 12/30/20	-	nsaction		Director Officer below)			Owner er (specify	
EXTON, PA 1 (City)			Filed(Mont	idment, Dato h/Day/Year) • I - Non-De	-	ecurities	Applicable Lin _X_ Form filed	ne) d by O l by Me	nt/Group Filir ne Reporting Pe ore than One Re or Beneficial	rson porting	
Security (1 (Instr. 3)	. Transaction Date Month/Day/Year)		ed Date, if	3. Transactio Code (Instr. 8) Code V	4. Securit nAcquired Disposed (Instr. 3, 4	ies (A) or of (D)	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	
Common Stock							21,986.6574 (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 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. Transactio Code (Instr. 8)	5. Number of orDerivative 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)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Phantom Stock Unit	<u>(2)</u>	12/30/2016		А	293.4272		(2)	(2)	Common Stock	293.4272

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Reporting Owners

Reporting Owner Name / Address

Relationships

Director 10% Owner Officer Other

BUTHMAN MARK A 530 HERMAN O. WEST DRIVE EXTON, PA 19341

Signatures

Susan Pilotti as Agent for Mark A. Buthman

**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).

01/04/2017

(1) Reflects additional shares purchased through dividend reinvestments based on most recent plan statement.

(2) Awards of Phantom stock units are to be settled by delivery of shares of stock upon the reporting person's termination as a director.

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.