Edgar Filing: WEST PHARMACEUTICAL SERVICES INC - Form 4

| WEST PHAF Form 4 April 04, 201 | RMACEUTICAL 7 | SERVICE | ES INC | | | | | | | |
|---|---|---|--|--|-------------|---|--|--|------------------------|--|
| FORM | Λ | | | | | | | OMB A | PPROVAL | |
| | FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 | | | | | | | OMB Number: | 3235-0287 | |
| Check this if no long | ər | | | | | | | Expires: | January 31, 2005 | |
| subject to Section 16 | 51A1EM | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES | | | | | | | | |
| Form 4 or Form 5 | Form 4 or Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, | | | | | | | response | 0.5 | |
| obligation may conti <i>See</i> Instru 1(b). | s Section 17(a |) of the Pu | blic Uti | lity Hold | ing Com | | of 1935 or Section | n | | |
| (Print or Type R | esponses) | | | | | | | | | |
| | | | 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) 530 HERMA | (First) (M | (N | . Date of 1 Month/Da 3/31/20 | - | ansaction | | Director Difficer (give below) | | • Owner er (specify | |
| (Street) | | | 4. If Amendment, Date Original | | | | 6. Individual or Joint/Group Filing(Check | | | |
| | | | | h/Day/Year) | - | | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (State) (2 | Zip) | Table | I - Non-De | erivative S | ecurities Ac | quired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution I any (Month/Day | Date, if | 3. Transactio Code (Instr. 8) | Disposed | (A) or of (D) 4 and 5) (A) or | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Indirect Beneficial | |
| Common Stock | on | | | Code V | Amount | (D) Price | 17 098 6399 | 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> | 03/31/2017 | | А | 275.4315 | | (2) | (2) | Common Stock | 275.4315 |

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Reporting Owners

Reporting Owner Name / AddressDirector0% OwnerOfficerOtherDirector10% OwnerOfficerOtherFeehery William F
530 HERMAN O. WEST DRIVE
EXTON, PA 19341Susan Pilotti as Agent for William F.
FeeheryVU/UVU/USusan Pilotti as Agent for William F.
Feehery04/0 4/2017VU**Signature of Reporting PersonDuVU

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.

(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.