

WEST PHARMACEUTICAL SERVICES INC
 Form 4/A
 March 13, 2006

FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287
 Expires: January 31, 2005
 Estimated average burden hours per response... 0.5

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 *
FEDERICI WILLIAM J

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

3. Date of Earliest Transaction (Month/Day/Year)
 02/24/2006
 4. If Amendment, Date Original Filed (Month/Day/Year)
 02/28/2006

____ Director
 Officer (give title below) _____ Other (specify below)
 VP & CFO
 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 Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price
Common Stock	02/24/2006		A		6,557	A	\$ 0
Common Stock ⁽¹⁾	02/24/2006		A		1,844.3491	A	\$ 32.585
Common Stock ⁽²⁾	02/24/2006		A		1,600	A	\$ 0
Common Stock	02/24/2006		A		12.95	A	\$ 32.78
							8,200.1412 ^{(3) (4)}
						I	Non-Qualified Deferred Compensation Plan

Edgar Filing: WEST PHARMACEUTICAL SERVICES INC - Form 4/A

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.

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)	Amount or Number of Shares
Stock Option (Right to Buy)	\$ 32.585	02/24/2006		A	19,183	02/24/2007 02/24/2016	Common Stock	19,183

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
FEDERICI WILLIAM J 101 GORDON DRIVE LIONVILLE, PA 19341			VP & CFO	

Signatures

By: By: Joanne K. Boyle as Agent for
Date: 03/13/2006

__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) Bonus and incentive shares granted on 2/24/06.
- (2) Additional amount of shares due to achieving above targeted amount for first performance period of 3/7/05 Performance Vested Restricted Share grant.
- (3) Reflects additional shares purchased through dividend reinvestments based on most recent plan statement.
- (4) Amount in error as the incorrect price was used to calculate the number of shares.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Edgar Filing: WEST PHARMACEUTICAL SERVICES INC - Form 4/A

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.