

WEST PHARMACEUTICAL SERVICES INC  
 Form 4/A  
 April 07, 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 \*  
 LUZZI RICHARD D

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)  
 VP, Human Resources

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

4. If Amendment, Date Original Filed (Month/Day/Year)  
 03/14/2006

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 Indirect Beneficial Ownership (Instr. 4) |                                    |   |  |
|---------------------------------|--------------------------------------|--|--------------------------------|---|---|--|---|------------------------------------|---|--|
|                                 |                                      |  | Code                           | V   | Amount  | (A) or (D)   | Price   |                                    |   |  |
| Common stocks <u>(1)</u>        | 02/24/2006                           |  | A                              |   | 950   | A  | \$ 0  | 19,181.4696 <u>(2)</u>             | D |  |
| Common stocks <u>(3)</u>        | 02/24/2006                           |  | A                              |   | 1,796.9035  | A  | \$ 32.858   | 8,733.767 <u>(4)</u>               | I | Non-Qualified Deferred Compensation Plan |
| Common stocks                   | 02/24/2006                           |  | A                              |   | 7.89  | A  | \$ 32.78  | 8,741.657 <u>(5)</u><br><u>(6)</u> | I | Non-Qualified Deferred Compensation 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.**

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                              | 8,354   | 02/24/2007 02/24/2016                                    | Common Stock  | 8,354                         |

## Reporting Owners

| Reporting Owner Name / Address                             | Relationships |           |                     |       |
|--|---------------|-----------|---------------------|-------|
|  | Director      | 10% Owner | Officer             | Other |
| LUZZI RICHARD D<br>101 GORDON DRIVE<br>LIONVILLE, PA 19341 |               |           | VP, Human Resources |       |

## 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.
- (2) The reporting person mistakenly filed a Form 4 reporting an acquisition of 2,855 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 19,181.4696 shares of common stock.

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

- (3) Bonus and incentive shares granted on 2/24/06.
- (4) The original acquisition of bonus and incentive shares on 2/24/05 was reported as all Direct ownership. This amount should have been reported as Indirector ownership under Non-Qualified Deferred Compensation.
- (5) Reflects additional shares purchased through dividend reinvestments based on most recent plan statement.
- (6) 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.

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.