

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

FORM 4

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

OMB APPROVAL

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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 DIVE
 (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)
			Code	V	Amount	(D)	Price
Common Stock ⁽¹⁾ ⁽²⁾	02/24/2006		A		893	A	\$ 0
					6,917.0878 ⁽³⁾	D	

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)

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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. Price of Derivative Security (Instr. 5)	9. Number of Derivative Securities Owned Following Reporting Transaction (Instr. 6)
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Reporting Owners

Reporting Owner Name / Address	Relationships				Amount or Number of Shares
	Director	10% Owner	Officer	Other	
McMillan Donald A 101 GORDON DIVE LIONVILLE, PA 19341			President Pharma Systems NA		

Signatures

Joanne K. Boyle As Agent for Donald A. McMillan
 Date: 09/13/2006

**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) Settlement for stock of Performance Rights that are non-derivative securities. See explanation below for further information.

The Reporting Person was awarded 516 Performance Vesting Restricted Shares on May 5, 2004 and 984 PVR Shares on June 29, 2004, for a total of 1,500 PVR Shares following the Company's 2004 stock split. The 2004 PVR Share Awards were inappropriately reported as restricted stock awards. In fact, the 2004 PVR Share Awards constituted performance rights that are non-derivative securities. As such, no

- (2) reports should have been filed until the PVR Awards are settled in stock. Reporting the initial grant resulted in an overstatement of the amount of securities beneficially owned (Column 5, Table 1) in subsequently filed reports. The Reporting Person is filing this report to: (i) properly characterize the PVR Shares as performance rights; and (ii) adjust the amount of securities beneficially owned and eliminate the overstatement.
- (3) Amount as of filing date.

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.