## Edgar Filing: WEST PHARMACEUTICAL SERVICES INC - Form 4

WEST PHARMACEUTICAL SERVI Form 4 January 04, 2017	CES INC				
			OMB AP	PROVAL	
Check this box	OMB Number:	3235-0287			
if no longer	F CHANGES IN BENEFICIAL OW	MEDSHID OF	Expires:	January 31, 2005	
subject to STATEMENTO Section 16. Form 4 or	SECURITIES	Estimated average burden hours per response 0.5			
Form 5 Filed pursuant to S obligations may continue Section 17(a) of the	Section 16(a) of the Securities Exchang Public Utility Holding Company Act o of the Investment Company Act of 19	f 1935 or Section		0.0	
(Print or Type Responses)					
1. Name and Address of Reporting Person <u>*</u> Feehery William F	2. Issuer Name <b>and</b> Ticker or Trading Symbol WEST PHARMACEUTICAL	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
	SERVICES INC [WST]				
(Last) (First) (Middle) 530 HERMAN O. WEST DRIVE	3. Date of Earliest Transaction (Month/Day/Year) 12/30/2016	Director Officer (give tibelow)		Owner r (specify	
(Street)	4. If Amendment, Date Original	6. Individual or Joi	nt/Group Filing	g(Check	
EXTON, PA 19341	Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by On Form filed by Mo Person			
(City) (State) (Zip)	Table I - Non-Derivative Securities Ac		or Beneficiall	v Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Dee Executio any (Month/Common	med 3. 4. Securities	5. Amount of Securities H Beneficially ( Owned H	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of	
Stock		(1) (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	264.0845		(2)	(2)	Common Stock	264.0845

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## **Reporting Owners**

Reporting Owner Name / AddressDirector10% OwnerOfficerOtherDirector10% OwnerOfficerOtherFeehery William F<br/>530 HERMAN O. WEST DRIVE<br/>EXTON, PA 19341Susan Pilotti as Agent for William F.<br/>Feehery01/0 4/2017Susan Pilotti as Agent for William F.<br/>Er Signature of Reporting Person<math>01/0 4/2017

## **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.