

WEST PHARMACEUTICAL SERVICES INC  
 Form 4  
 December 19, 2016

**FORM 4**

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

OMB APPROVAL

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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 \*  
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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)  
 530 HERMAN O. WEST DRIVE  
 (Street)

3. Date of Earliest Transaction (Month/Day/Year)  
 12/16/2016

\_\_\_\_ Director  
 \_\_\_\_ Officer (give title below) \_\_\_\_ 10% Owner  
 \_\_\_\_ Other (specify below)  
 Sr. VP Human Resources Officer

EXTON, PA 19341

(City) (State) (Zip)

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

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)
Common Stock	12/16/2016		A	5.4536 A	\$ 84.63 11.3744	I	Non-Qualified Deferred Compensation Plan
Common Stock					5,558.0663	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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