ALTEMUS LINDA R

Form 4

January 03, 2005

FORM 4

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

OMB Number: 3235-0287

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Expires: January 31, 2005

0.5

OMB APPROVAL

Form 4 or Form 5 obligations may continue. See Instruction

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

burden hours per response...

Estimated average

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * ALTEMUS LINDA R				Symbol WEST	PHARN	nd Ticker or Trading MACEUTICAL C [(WST)]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (Middle) 101 GORDON DRIVE				/Day/Year)	Transaction	Director X Officer (give below) VP & Chie					
(Street) LIONVILLE, PA 19341					nendment, onth/Day/Y	Date Original ear)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
	(City)	(State)	(Zip)	Ta	ble I - Non	a-Derivative Securities Acq		of, or Benefici	ally Owned		
	1.Title of Security	2. Transaction Date (Month/Day/Year)			3. Transaction	4. Securities Acquired (A) onor Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities	6. Ownership	7. Nature of Indirect Benefi		

1.Title of	2. Transaction Date	2A. Deemed	3.	1			Securities	6. Ownership	7. Nature of
Security	(Month/Day/Year)	Execution Date, if	Transaction Disposed of (D)						Indirect Beneficial
(Instr. 3)		any (Month/Day/Year)	Code (Instr. 8)				Beneficially Owned	Form: Direct (D)	Ownership (Instr. 4)
		(Mondin Buy, Tear)	(msu. o)				Following	or Indirect	(mstr. 1)
					(A)		Reported	(I)	
					or		Transaction(s)	(Instr. 4)	
			Code V	Amount	(D)	Price	(Instr. 3 and 4)		
									Non-Qualified
Common	12/31/2004		A	10.5913	A	\$	2,961.2245	T	Deferred
stocks	12/31/2004		А	10.3913	A	25.03	<u>(1)</u>	1	Compensation
									Plan
Common							17,900.9914		
stocks							(1)	D	
Stocks									
Common							1,370.8321	Ţ	By Savings
stocks							<u>(1)</u>	1	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 (9-02)

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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	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title a	and	8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transaction	orNumber	Expiration D	ate	Amount	of	Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	ing	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securitie	es	(Instr. 5)	Bene
	Derivative				Securities			(Instr. 3	and 4)		Owne
	Security				Acquired						Follo
					(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						
					4, and 5)						
									mount		
						Date	Expiration	01 Title N			
						Exercisable	Date	Title Number			
				C 1 W	(A) (D)		of				
				Code V	(A) (D)			S	hares		

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

ALTEMUS LINDA R 101 GORDON DRIVE LIONVILLE, PA 19341

VP & Chief Compliance Officer

Signatures

By: Joanne K. Boyle as Agent for Linda R.

Altemus 01/03/2005

**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) Reflects additional shares purchased through dividend reinvestments based on most recent plan statement.

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.

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