

WEST PHARMACEUTICAL SERVICES INC  
 Form 3/A  
 September 13, 2006

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

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**INITIAL STATEMENT OF 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 *		2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â McMillan Donald A		(Month/Day/Year)	WEST PHARMACEUTICAL SERVICES INC [wst]	
(Last)	(First)	(Middle)	10/01/2005	
101 GORDON DIVE			4. Relationship of Reporting Person(s) to Issuer	5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)			(Check all applicable)	10/07/2005
LIONVILLE,Â PAÂ 19341			<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner	6. Individual or Joint/Group Filing(Check Applicable Line)
(City)	(State)	(Zip)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Form filed by One Reporting Person
			(give title below) (specify below)	<input type="checkbox"/> Form filed by More than One Reporting Person
			President, Pharma Systems NA	

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock <u>(1)</u> <u>(2)</u>	5,994.8588	D	Â

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

SEC 1473 (7-02)

**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 Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of	

Shares (I)  
(Instr. 5)

## Reporting Owners

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

## Signatures

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

\_\_Signature of Reporting Person Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, see Instruction 5(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 ws awarded 516 Performance Vesting Restricted (PVR) 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.
- (2) As such, no 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.

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.