

# WEST PHARMACEUTICAL SERVICES INC

Reported by  
**MONTECALVO DAVID A**

## **FORM 4** (Statement of Changes in Beneficial Ownership)

Filed 02/21/19 for the Period Ending 02/19/19

Address      530 HERMAN O. WEST DRIVE  
                 EXTON, PA, 19341

Telephone     6105942900

                 CIK    0000105770

Symbol        WST

SIC Code      3060 - Fabricated Rubber Products, Not Elsewhere Classified

Industry      Medical Equipment, Supplies & Distribution

Sector        Healthcare

Fiscal Year   12/31

# FORM 4

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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

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 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person <sup>*</sup>  <b>MONTECALVO DAVID A</b>  (Last) (First) (Middle) <b>530 HERMAN O. WEST DRIVE</b>  (Street)  <b>EXTON, PA 19341</b>  (City) (State) (Zip)			2. Issuer Name and Ticker or Trading Symbol  <b>WEST PHARMACEUTICAL SERVICES INC [ WST ]</b>					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  <input type="checkbox"/> Director <input type="checkbox"/> 10% Owner  <input checked="" type="checkbox"/> Officer (give title below) <input type="checkbox"/> Other (specify below) <b>SVP, Glob Ops and Supply Chain</b>				
			3. Date of Earliest Transaction (MM/DD/YYYY)  <b>2/19/2019</b>									
			4. If Amendment, Date Original Filed (MM/DD/YYYY)					6. Individual or Joint/Group Filing (Check Applicable Line)  <input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> 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. Trans. Date	2A. Deemed Execution Date, if any	3. Trans. 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)
			Code	V	Amount	(A) or (D)	Price				
Common Stock	2/19/2019		A		716.00 <span style="color: blue;">(1)</span>	A	\$102.51		2622.42	D	

**Table II - Derivative Securities 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. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. 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		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				
						Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Options (Right to buy)	\$102.51	2/19/2019		A	8160.00					2/19/2020 <span style="color: blue;">(2)</span>	2/19/2029	Common Stock	8160.00	\$102.51	8160.00	D	

#### Explanation of Responses:

- (1) 2016 PSUs (PP15) award vesting.
- (2) This award vests in four equal annual installments beginning on February 19, 2020.

#### Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
<b>MONTECALVO DAVID A 530 HERMAN O. WEST DRIVE EXTON, PA 19341</b>			<b>SVP, Glob Ops and Supply Chain</b>	

#### Signatures

Ryan Metz as Agent for David A. Montecalvo

2/21/2019

<sup>\*\*</sup> Signature of Reporting Person

Date

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

\* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure.

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