### Edgar Filing: Flynn Karen - Form 4

Flynn Karen

Frynn Karen Form 4												
August 29, 202									OM	IB APPROVAL		
FORIVI 4       UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549       OMB Number:       323								N OMB	er: 3235-0287			
								ted average hours per				
(Print or Type Rea	sponses)											
1. Name and Address of Reporting Person <u>*</u> Flynn Karen			2. Issuer Name <b>and</b> Ticker or Trading Symbol WEST PHARMACEUTICAL SERVICES INC [WST]				c	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) 530 HERMAI		(Middle) DRIVE	3. Date	of Earliest /Day/Year)		-		Director Officer (gi below) Sr VP &	ve title below Chief Comm	·		
EXTON, PA	(Street) 19341			nendment, 1 Ionth/Day/Ye	-	nal		6. Individual or Applicable Line) _X_ Form filed b Form filed by Person		ng Person		
(City)	(State)	(Zip)	Та	ble I - Non	-Derivativ	ve Sec	urities A	cquired, Disposed	of, or Bene	ficially Owned		
	Transaction Date onth/Day/Year)	2A. Deeme Execution 1 any (Month/Da	Date, if	3. Transactio Code (Instr. 8) Code V	(Instr. 3,	ispose	d of (D)	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 08 Stock	/25/2017			A	8.644	A	\$ 85.43	1,243.8362	I	Non-Qualified Deferred Compensation Plan		
Common Stock								17,715.6636	D			
Common Stock								252.3169	I	By Savings Plan		

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

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)

#### Edgar Filing: Flynn Karen - Form 4

# 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. Transacti Code (Instr. 8)	5. of Derivative Securities Acquired (A) or Disposed of (D)		ate	Secur	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr
				Code V	(Instr. 3, 4, and 5) (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
Flynn Karen 530 HERMAN O. WEST DRIVE EXTON, PA 19341			Sr VP & Chief Commercial Offic					
Signatures								
Susan Pilotti as Agent for Karen Flynn	08/29/20	17						

\*\*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).

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.