Edgar Filing: BUTHMAN MARK A - Form 4

BUTHMAN	MARK A										
Form 4											
August 01, 20)18										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSIO								OMB APPROVAL			
Washington, D.C. 20549						COMMISSION	OMB Number:	3235-0287 January 31,			
Check this if no longe	~**										
subject to	SIAIEM	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF								2005 Iverage	
Section 16. SECURITIES Form 4 or							burden hou	rs per			
Form 5							response	0.5			
obligation	⁸ Section $17(a$							of 1935 or Sectio	n		
may contin See Instruc	nue.			vestment (•	• •					
1(b).											
(Print or Type R	esponses)										
1. Name and Address of Reporting Person _ 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting							Reporting Pers	son(s) to			
BUTHMAN MARK A Symbol WES			Symbol	-				Issuer			
			WEST PHARMACEUTICAL SERVICES INC [WST]					(Check all applicable)			
(Last)	(First) (M	iddle)	3. Date of	Earliest Tra	insaction			Director		Owner	
				Month/Day/Year) 2/29/2017				Officer (give title Other (specify below) below)			
			4. If Amer	mendment, Date Original			6. Individual or Joint/Group Filing(Check				
				d(Month/Day/Year)				Applicable Line)			
EXTON, PA	. 19341							_X_ Form filed by 0 Form filed by M Person			
(City)	(State) (2	Zip)	Table	I New D		ا م مــــــ			e an Danafiaial		
		-					les Ac	quired, Disposed of		-	
1.Title of Security	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if		3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)			5. Amount of Securities	6. Ownership Form: Direct	7. Nature of Indirect		
(Instr. 3)	any		n Date, n					Beneficially (Owned I	(D) or	Beneficial Ownership	
			Day/Year)	(Instr. 8)	8) (Instr. 3, 4 and 5)				ndirect (I)		
								Following Reported	(Instr. 4)	(Instr. 4)	
						(A)		Transaction(s)			
					or Code V Amount (D) F			(Instr. 3 and 4)			
Common Stock						. ,		25,711.8922 (1)	D		
SIUCK								<u> </u>			

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 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)

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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. Transactio 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 (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Phantom Stock Unit	<u>(2)</u>	12/29/2017		A	264.0821	(2)	(2)	Common Stock	264.0821
Phantom Stock Unit	(2)	03/29/2018		А	295.457	(2)	(2)	Common Stock	295.457
Phantom Stock Unit	<u>(2)</u>	06/29/2018		А	266.8836	(2)	(2)	Common Stock	266.8836

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
BUTHMAN MARK A 530 HERMAN O. WEST DRIVE EXTON, PA 19341							
Signatures							
Ryan Metz as Agent for Mark A. Buthman	07/31/2018						
<u>**</u> 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.

(2) Awards of Phantom stock units are to be settled by delivery of shares of stock upon the reporting person's termination as a director.

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.