FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours per response:								

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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*  Johnson Paula A				WES	2. Issuer Name and Ticker or Trading Symbol WEST PHARMACEUTICAL SERVICES INC [ WST ]								(Ch	eck all app	tionship of Reporting all applicable) Director Officer (give title below)		10% C	wner	
(Last) (First) (Middle) 530 HERMAN O. WEST DRIVE				3. Date of Earliest Transaction (Month/Day/Year) 05/07/2019										Other (			(specify		
(Street) EXTON (City)	PA (Sta		9341 Zip)		4. If A	mend	Iment,	Date o	of Original	Filed	d (Month/D	ay/Yea	ar)	Line	e) <mark>X</mark> Form	or Joint/Grou n filed by One n filed by Mon on	e Repor	ting Pers	son
		Tabl	e I - N	lon-Deriv	ative S	Secu	rities	s Acq	uired,	Disp	osed o	f, or I	3ene	ficial	ly Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/				y/Year)	Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquired Disposed Of (D) (Instr. and 5)					Securi Benefi Owned	cially I Following	6. Own Form: (D) or Indired (Instr.	ct (I)	7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	(A (D	) or )	Price	Transa	eported ransaction(s) nstr. 3 and 4)		4)	(Instr. 4)		
Common Stock 05/07/20					)19		A		1,565		A	(1)	38,967.0171(2)		] 1	D			
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)	ve Conversion Date Execution Date, or Exercise (Month/Day/Year) if any			sansaction of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		ative rities ired sed	6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Date			7. Titl Amou Secur Under Deriva Secur 3 and	nt of ities lying ative ity (Ins	tr.	8. Price of Derivative Security Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ow For Dir or (I) (	nership	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

## **Explanation of Responses:**

- 1. These shares of restricted stock units will vest in full on the first anniversary of the date of grant and will be distributable under the terms of the Deferred Compensation Plan for Outside Directors.
- 2. Reflects additional shares purchased through dividend reinvestments based on most recent plan statement.

## Remarks:

Ryan Metz as Agent for Paula A. Johnson

05/08/2019

\*\* Signature of Reporting Person

Date

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

- $^{\star}$  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.

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 Number.