

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*			2. Issuer Name and Ticker or Trading Symbol			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)		
<u>Flynn Karen</u>			<u>WEST PHARMACEUTICAL SERVICES INC [ WST ]</u>			Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) <u>Sr VP &amp; Chief Commercial Office</u>		
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year)			6. Individual or Joint/Group Filing (Check Applicable Line)		
<u>530 HERMAN O. WEST DRIVE</u>			<u>08/07/2018</u>					
(Street)	(City)	(State)	4. If Amendment, Date of Original Filed (Month/Day/Year)					
<u>EXTON</u>	<u>PA</u>	<u>19341</u>				<input checked="" type="checkbox"/> Form filed by One Reporting Person 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. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction 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	08/07/2018		M		9,458	A	\$21.22	31,051.1476	D	
Common Stock	08/07/2018		M		11,000	A	\$25.145	42,051.1476	D	
Common Stock	08/07/2018		S		20,458	D	\$116.23 <sup>(1)</sup>	21,593.1476	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction 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 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: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V		Date Exercisable	Expiration Date						Title
Stock Options (Right to Buy)	\$25.145	08/07/2018		M		11,000	(2)	07/24/2022	Common Stock	11,000	\$0.00	20,982	D	
Stock Options (Right to Buy)	\$21.22	08/07/2018		M		9,458	(3)	02/21/2022	Common Stock	9,458	\$0.00	0.00	D	

**Explanation of Responses:**

- The price reported in Column 4 is an average price. These shares were purchased in multiple transactions at prices ranging from \$116.00 to \$116.635 inclusive. The reporting person undertakes to provide to West Pharmaceutical Services, Inc., any security holder of West Pharmaceutical Services, Inc., or the staff of the Securities and Exchange Commission, upon request, full information regarding the number of shares sold at each separate price within the range in this footnote.
- This award vests in 4 equal annual installments beginning on 2/21/2013.
- This award vests in 4 equal annual installments beginning on 7/24/2013.

**Remarks:**

Ryan Metz as Agent for Karen Flynn 08/07/2018

\*\* 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.

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.