FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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INITIAL STATEMENT OF 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

	Address of Repor	2. Date of Even Requiring State (Month/Day/Yea	ment	3. Issuer Name and Ticker or Trading Symbol WEST PHARMACEUTICAL SERVICES INC [WST]						
(Last) 530 HERM	(First) AN O. WEST I	(Middle) DRIVE	12/09/2024		4. Relationship of Reporting Per (Check all applicable) X Director Officer (give title		son(s) to Issu 10% Own Other (spe	er (N	5. If Amendment, Date of Original Filed (Month/Day/Year) 12/18/2024 6. Individual or Joint/Group Filing (Check	
(Street) EXTON (City)	PA (State)	19341 (Zip)				below)	below)		pplicable Line) X Form filed by Person	y One Reporting
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)					2. Amount of Securities Beneficially Owned (Instr. 4)				4. Nature of Indirect Beneficial Ownership (Instr. 5)	
Common Stock					247		D			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4)			2. Date Exercisable an Expiration Date (Month/Day/Year)		3. Title and Amount of Secu Underlying Derivative Secu 4)		rity (Instr. Conve		Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)
			Date Exercisable	Expiration Date	on Title	,	Amount or Number of Shares	Exercise Price of Derivative Security	Direct (D) or Indirect e (I) (Instr. 5)	

Explanation of Responses:

Remarks:

Award amount amended to reflect amount authorized for grant.

/s/ Louis Lalli, as an agent for Janet Haugen

01/17/2025

** 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 5 (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.