LUZZI RICHARD D

Form 4

October 24, 2005

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB

3235-0287 Number:

OMB APPROVAL

January 31, Expires: 2005

0.5

Estimated average burden hours per

response...

if no longer subject to Section 16. Form 4 or Form 5 obligations

Check this box

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

may continue.

See Instruction

1. Name and Address of Reporting LUZZI RICHARD D	Symbol WEST	uer Name and Ticker or Trading of T PHARMACEUTICAL /ICES INC [(WST)]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
(Last) (First) (I	Middle) 3. Date	e of Earliest Transaction n/Day/Year)	Director 10% Owner X Officer (give title Other (specify below) VP, Human Resources				
(Street) LIONVILLE, PA 19341		mendment, Date Original Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City) (State)	(Zip) Ta	able I - Non-Derivative Securities Ao	quired, Disposed of, or Beneficially Owned				
(Instr. 3)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or Code V Amount (D) Price	5. Amount of Securities Ownership Indirect Beneficial Beneficially Form: Ownership Owned Direct (D) (Instr. 4) Following or Indirect Reported (I) Transaction(s) (Instr. 4) (Instr. 3 and 4)				
Common stocks 10/21/2005		A 11.11 A \$ 23.27	$ \begin{array}{c} \text{Non-Qualified} \\ 6,993.8277 \\ \underline{^{(1)}} \\ \end{array} \text{I} \begin{array}{c} \text{Non-Qualified} \\ \text{Deferred} \\ \text{Compensation} \\ \text{Plan} \\ \end{array} $				
Common stocks			18,150.6564 D				

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)required to respond unless the form displays a currently valid OMB control number.

Edgar Filing: LUZZI RICHARD D - Form 4

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of	2.	3. Transaction Date		4.	5.	6. Date Exer		7. Title a		8. Price of	9. Nu
Derivative	Conversion	(Month/Day/Year)	Execution Date, if		onNumber	Expiration D		Amount		Derivative	Deriv
Security	or Exercise		any	Code	of	(Month/Day/	Year)	Underly	_	Security	Secui
(Instr. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securitie	es	(Instr. 5)	Bene
	Derivative				Securities	S		(Instr. 3	and 4)		Own
	Security				Acquired						Follo
	,				(A) or						Repo
					Disposed						Trans
					of (D)						(Instr
					(Instr. 3,						(IIISti
					4, and 5)						
					4, and 3)						
								A	mount		
						D.	E	01	r		
						Date Exercisable	Expiration Date	Title N	umber		
								01			
				Code V	(A) (D)				hares		

Reporting Owners

Relationships Reporting Owner Name / Address

> Officer Other Director 10% Owner

LUZZI RICHARD D 101 GORDON DRIVE LIONVILLE, PA 19341

VP, Human Resources

Signatures

By: By: Joanne K. Boyle as Agent for

10/24/2005

**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).
- Reflects additional shares purchased through dividend reinvestments based on most recent plan statement.

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.

Reporting Owners 2