## Edgar Filing: Keller Deborah L - Form 4

Keller Debora Form 4	ah L									
August 01, 20	018									
FORM	FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION						т	OMB APPROVAL		
Check this	Check this box						Number:	3235-0287		
if no long subject to Section 10 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b).	er <b>STATE</b> 6. Filed pu <sup>15</sup> Section 17	<b>STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF</b> <b>SECURITIES</b> 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							Expires:       January 31         Expires:       2005         Estimated average       burden hours per         response       0.5	
(Print or Type R	lesponses)									
Keller Deborah L Symb WES			Symbol WEST P	Issuer Name <b>and</b> Ticker or Trading nbol EST PHARMACEUTICAL RVICES INC [WST]			5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) 530 HERMA	(First) (AN O. WEST D	(Middle) RIVE		Earliest Tra ay/Year)	_		Director Officer (giv below)		6 Owner er (specify	
Filed(Mor			endment, Date Original onth/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				
EXTON, PA	19341						Person		eporting	
(City)	(State)	(Zip)	Table	e I - Non-De	erivative S	ecurities Ac	equired, Disposed of	of, or Beneficial	lly Owned	
1.Title of Security (Instr. 3)	any		emed on Date, if Day/Year)	3.4. SecuritiesTransactionAcquired (A) orCodeDisposed of (D)(Instr. 8)(Instr. 3, 4 and 5)		(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock				Code V	Amount	<ul><li>(A)</li><li>or</li><li>(D) Price</li></ul>	Transaction(s) (Instr. 3 and 4)	D		
STOCK										

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)	TransactionDerivative Code Securities		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		А	202.0787	(2)	(2)	Common Stock	202.0787	
Phantom Stock Unit	(2)	03/29/2018		А	227.6707	(2)	(2)	Common Stock	227.6707	
Phantom Stock Unit	<u>(2)</u>	06/29/2018		А	202.1445	(2)	(2)	Common Stock	202.1445	

## **Reporting Owners**

<b>Reporting Owner Name / Address</b>	Relationships					
	Director	10% Owner	Officer	Other		
Keller Deborah L 530 HERMAN O. WEST DRIVE EXTON, PA 19341						
Signatures						
Ryan Metz as Agent for Deborah L Keller	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.