WEST CORP

FORM 4
(Statement of Changes in Beneficial Ownership)

Filed 10/2/2006 For Period Ending 9/29/2006

Address	11808 MIRACLE HILLS DR
	OMAHA, Nebraska 68154
Telephone	402-571-7700
CIK	0001024657
Industry	Business Services
Sector	Services
Fiscal Year	12/31

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FORM 4

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

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

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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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(f) 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)
WEST MARY E (Last) (First) (Middle)	**WEST CORP [WSTC]**	__ **X** __ Director __ **X** __ 10% Owner _____ Officer (give title below) __ **X** __ Other (specify below) **Vice Chairman/Secretary**
WEST CORPORATION, 11808 MIRACLE HILLS DRIVE (Street)	3. Date of Earliest Transaction (MM/DD/YYYY) **9/29/2006**	
OMAHA, NE 68154 (City) (State) (Zip)	4. If Amendment, Date Original Filed (MM/DD/YYYY)	6. Individual or Joint/Group Filing (Check Applicable Line) _ **X** _ 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. Trans. Date	2A. Deemed Execution Date, if any	3. Trans. 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			

Table II - Derivative Securities Beneficially Owned (*e.g.* , puts, calls, warrants, options, convertible securities)

1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deemed Execution Date, if any	4. Trans. 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		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 of Derivative Security: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Units	(1)	**9/29/2006**		**A**		**139.01**		(1)	**1/1/2012**	**Common Stock**	**139.01**	**$48.30**	**22018.07**	**D**	

Explanation of Responses:

(1) Stock Units will be settled upon the earlier of January 1, 2012 or upon the reporting person's termination of employment. Securities will be converted to common stock on a one-for-one basis. NOTE #1: 50% match (46.34 shares) vest 20% per year for five years pursuant to West Corporation's Non Qualified Deferred Compensation Plan. NOTE #2: Stock Units held by Gary and Mary West are held in joint tenancy with right of survivorship.

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
WEST MARY E **WEST CORPORATION** **11808 MIRACLE HILLS DRIVE** **OMAHA, NE 68154**	**X**	**X**		**Vice Chairman/Secretary**

Signatures

/s/ Mary E. West	10/2/2006
** 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 control number.