FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours ner resnonse:	0.5							

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

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* <u>Etzler Joseph Scott</u>					2. Issuer Name and Ticker or Trading Symbol WEST CORP [ WSTC ]								(Che	ck all application	ationship of Reporting Per all applicable) Director Officer (give title		10% Ow	ner
(Last) (First) (Middle) WEST CORPORATION					3. Date of Earliest Transaction (Month/Day/Year) 09/15/2017							X	below)			Other (specification) omm Svcs	, l	
11808 M	IRACLE H	ILLS DRIVE			If Am	ondmont [	Data of	f Original Fi	ilod (	Month/Do	v/Voor)		6 Inc	lividual or 1	oint/Croup	Eiling	(Chock App	licable
(Street) OMAHA (City)			68154 (Zip)		4. If Amendment, Date of Original Filed (Month/Day/Year)						Line)	<b>,</b>						
		Ta	ble I - Non-D	Derivati	ve Se	ecurities	s Acc	quired, C	Disp	osed c	of, or Be	nefic	ially	Owned				
1. Title of Security (Instr. 3)  2. Trans Date (Month/I					.	2A. Deemed Execution Date, if any (Month/Day/Year		, Transaction Dispose Code (Instr.		ities Acquired (A) or d Of (D) (Instr. 3, 4 a		and 5) Securities Beneficia Owned F		illy	Form:	Direct Indirect Estr. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) or (D)		ice	Reported Transaction (Instr. 3 and	tion(s)			Instr. 4)
			Table II - De					uired, Di						wned				
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/Yea	Code	action (Instr.	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)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)		Date Exercisable		opiration	Title	Amou or Numl of Sh	oer		(Instr. 4)	on(s)		
Stock Units	(1)	09/15/2017		A		90.8077		(1)		(1)	Common Stock	90.8	077	\$23.38 <sup>(1)</sup>	89,051.	704	D	

1. These stock units were granted under the Issuer's Nonqualified Deferred Compensation Plan (the "Plan") and represent notional equity interests in the Issuer credited to the filing person's deferred compensation account. Each stock unit is the economic equivalent of one share of the Issuer's Common Stock. The Issuer matches 50% of any amounts invested in stock units, subject to vesting as set forth in the Plan. These stock units become payable, through the issuance of shares of the Issuer's Common Stock (or the cash equivalent thereof), on the date specified by the filling person, which can be no earlier than five years following the year of deferral associated with such stock units or, if earlier, six months after the date the filling person separates from service with the Issuer or the date of death of the filling person.

## Remarks:

/s/ Joseph Scott Etzler (signed by Deneen Shadewald as Power of Attorney for Reporting

09/19/2017

Person)

\*\* 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.