FORM 3

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL								
OMB Number:	MB Number: 3235-0104							
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  Wood Michael B  2. Date of B Requiring S (Month/Da) 10/25/200				nent	3. Issuer Name and Ticker or Trading Symbol STERIS CORP [ STE ]								
(Last) (First) (Middle) 5960 HEISLEY ROAD						ationship of Reporting Perso ( all applicable) Director	n(s) to Issuer		5. If Amendment, Date of Original Filed (Month/Day/Year)				
(Street) MENTOR	ОН					Officer (give title below)	Other (spe below)		Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One				
(City)	(State)	(Zip)								Reporting Pe	erson		
Table I - Non-Derivative Securities Beneficially Owned													
1. Title of Security (Instr. 4)						unt of Securities ially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)		4. Nature of Indirect Beneficial Ownership (Instr. 5)				
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)													
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable Expiration Date (Month/Day/Year)				ate	3. Title and Amount of Secu Underlying Derivative Secu		ity (Instr. 4) Conve		sion cise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
	Date Exercisable	Expiratior Date	n Title	9	Amount or Number of Shares	Price of Derivative Security		Direct (D) or Indirect (I) (Instr. 5)					

**Explanation of Responses:** 

No securities are beneficially owned.

<u>Dennis P. Patton, Authorized</u>
<u>Representative under Power of Attorney</u>

10/26/2004

\*\* Signature of Reporting Person Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$ 

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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).