FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

	Address of Repo	Requiring S (Month/Day	2. Date of Event Requiring Statement (Month/Day/Year) 07/28/2020 3. Issuer Name and Ticker or Trading Symbol STERIS plc [STE]									
(Last) (First) (Middle)			===		Relationship of Reporting Person(s) to Issuer (Check all applicable)			5. If Amendment, Date of Original Filed (Month/Day/Year)				
C/O 70 SIR ROGER'S QUAY					X	Officer (give title below)	10% Ov Other (s below)	(specify (C	(Ch	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting		
(Street) DUBLIN									Person Form filed by More than Reporting Person			
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)						unt of Securities ially Owned (Instr.			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Ordinary Shares						60	D					
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
		(e.g.	, puts, call)			
1. Title of Der	ivative Securit	1	2. Date Exerc Expiration Da (Month/Day/	s, warrai	nts, o _l	otions, converting and Amount of Serlying Derivative Se	ble sec		sion cise	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	

Explanation of Responses:

Remarks:

/s/ Ronald E. Snyder, Authorized Representative 08/03/2020 under Power of Attorney

** 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 5 (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.