FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, D | D.C. | 20549 |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 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

| 1. Name and Address of Reporting Person* <u>Johnson David Allen</u> | | | | | 2. Issuer Name and Ticker or Trading Symbol STERIS CORP [STE] | | | | | | | | | lationship ck all appli Directo | wner | | | | | |
|---|---|--|--|---------------------|---|---|----------|---|--|--|-----------------------------------|--|-----------------|---------------------------------------|---|--|---|--|--|--|
| (Last) (First) (Middle) C/O 5960 HEISLEY ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/10/2015 | | | | | | | | X | below) | | Other (s below) gical Solutions | | вреспу | |
| (Street) MENTO (City) | | | 44060 (Zip) | | 4. 11 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line) | ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| | | Tab | le I - Nor | n-Deriv | vative | Se | curities | s Ac | quired, I | Disp | osed o | of, or B | enef | icially | Owned | I | | | | |
| 1. Title of Security (Instr. 3) 2. Trans Date (Month/ | | | | | ar) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | e, Transaction Disposed Code (Instr. 5) | | rities Acquired (A) or ed Of (D) (Instr. 3, 4 a | | | | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | Code | v | Amount | (A) (D) | or F | Price | Reported Transact (Instr. 3 | action(s) | | | (Instr. 4) | | | | | |
| Common Shares, No Par Value 08/10 | | | | | 0/2015 | 2015 | | A | | 5,000 |) <i>A</i> | 1 | \$0.00 | 32,037 ⁽¹⁾ | | | D | | | |
| | | Т | able II - | | | | | | uired, Di , option | | | | | | Owned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, Trans Code | | | n of E | | 6. Date Exercisal 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 derivative Securities Beneficial Owned Following Reported Transaction (Instr. 4) | e C s F llly D o (I | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | xpiration ate | Title | or Nur of | ount mber ares | | | | | | |
| Option to Purchase Common | \$67.98 | 08/10/2015 | | | A | | 5,000 | | (2) | 05 | 5/28/2025 | Common Shares, No Par | 150 | 000 | \$0.00 | 5,000 | | D | | |

Explanation of Responses:

1. 20,500 of these Common Shares are restricted. The restrictions on these Common Shares lapse as follows: 3,500 on May 31, 2016; 7,000 May 31, 2017; 3,750 on May 30, 2017; 1,250 on May 30, 2018; $2,\!500 \text{ on May } 29,\,2017;\,1,\!250 \text{ on May } 28,\,2018;\,\text{and } 1,\!250 \text{ on May } 28,\,2019.$

2. These options become exercisable as follows: 1,250 on May 28, 2016; 1,250 on May 28, 2017; 1,250 on May 28, 2018 and 1,250 on May 28, 2019.

Remarks:

/s/ Dennis P. Patton, Authorized Representative 08/11/2015 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 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.