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 bi | urden | | | | | | | | |

0.5

hours per response:

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] | | | | | | | | | eck all appli Directo | cable) or | ng Pers | son(s) to Iss | Owner | |
|---|---|--|---|------------------------------|--|---|---------|--|---|---------------------------|------------------|-----------------------------------|----------------|---|--|---|--|--|------------|
| (Last) (First) (Middle) 5960 HEISLEY ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/31/2013 | | | | | | | | | below) | Officer (give title below) Sr. VP. Global Op | | Other (spelow) | . , |
| (Street) MENTO (City) | | | 44060 (Zip) | | 4. If | 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 | /ative | Se | curitie | s Ac | quired, | Disp | osed o | of, or E | 3ene | ficial | y Owne | t c | | | |
| | | | 2. Trans Date (Month | /Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | e, Transaction Disp Code (Instr. 5) | | 4. Secur Dispose 5) | | | | Benefic Owned | 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) | Price | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) |
| Common Shares, No Par Value 05/3 | | | | 05/3 | 1/201 | 013 | | A | | 7,00 | 7,000 A | | \$0 | 16, | 16,900(1) | | D | | |
| | | 7 | able II - | | | | | | uired, D , optior | | | | | | 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/Da | Date, Transacti Code (Ins | | | on of | | 6. Date Exercisabl Expiration Date (Month/Day/Year) | | Amount of | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | s S Illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisab | | kpiration ate | Title | OI No of | umber | | | | | |
| Option to Purchase Common Shares | \$45.34 | 05/31/2013 | | | A | | 3,000 | | (2) | 05 | 5/31/2023 | Commo Shares No Pa Value | ; r 3 | 3,000 | \$0 | 3,000 | , | D | |

Explanation of Responses:

- 1. All 16,900 of these Common Shares are restricted. The restrictions on these Common Shares lapse as follows: 2,700 on May 20, 2014, 3,700 on June 1, 2015, 3,500 on May 31, 2016 and 7,000 May 31, 2017.
- $2.\ These\ options\ become\ exercisable\ as\ follows:\ 750\ on\ May\ 31,\ 2014,\ 750\ on\ May\ 31,\ 2015,\ 750\ on\ May\ 31,\ 2016\ and\ 750\ on\ May\ 31,\ 2017.$

/s/ Dennis P. Patton,
Authorized Representative 06/03/2013

<u>under Power of Attorney</u>

** 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.