FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

wasiiiigion,	D.C.	20349	

-	OMB APPRO	JVAL		
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287		
OTATION OF OTTATIONAL OWNERS IN	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(b) of the Investment Company Act of 1940

					UI S	secui	JII 30(II)	or the r	nvesunen	it Con	ipariy Act	01 19	40									
1. Name and Address of Reporting Person* Wood Michael B						2. Issuer Name and Ticker or Trading Symbol STERIS CORP [STE]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
WOOD WICHAELD														X	Direc	ctor		10% C	wner			
(Last) (First) (Middle) C/O 5960 HEISLEY ROAD					3. Date of Earliest Transaction (Month/Day/Year) 10/20/2015									Officer (give titl below)			Other (specify below)					
					4 If	Λmo	ndmont	Data o	f Original	Filod	(Month/D:	2V/V0	or)	 	6. Individual or Joint/Group Filing (Check Applicable							
(Street) MENTO	R OI	H 4	14060		4.11										ine) X Form filed by One Reporting Person					on		
,					.											Forn Pers	n filed by Mo	re tha	an One Rep	orting		
(City)	(St	ate) ((Zip)													1 013						
		Tabl	le I - Nor	า-Deriv	ative	Se	curitie	s Acc	quired,	Dis	posed o	f, o	r Ben	efici	ally (Owne	ed					
1. Title of Security (Instr. 3)			Date	ate Ex Month/Day/Year) if a		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Transaction Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			ınd	5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
										v	Amount		(A) or (D)	Pric	, l	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)		
Common	ommon Shares, No Par Value 10/20/2				0/2015	2015		G	V	300		D	\$0	\$0.00		34,928		D				
Common Shares, No Par Value			10/2	1/2015				G	V	45		D	\$0.00		34,883			D				
Common	nmon Shares, No Par Value				2/2015				G	V	v 752		D	\$0.00		34,131			D			
		Та	able II - [)								sed of, onvertib					vned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution Date, if any			Transaction Code (Instr.		of I		6. Date Exercisa Expiration Date (Month/Day/Yea		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3		rivative curity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(: (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
			Code	v			Date Exercisal	Date E Exercisable D		Amoun or Numbe of Shares		nber										

Explanation of Responses:

Remarks:

/s/ Dennis P. Patton,

Authorized Representative

10/22/2015

Date

under Power of Attorney ** Signature of Reporting Person

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.

^{*} 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).