FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

CTATEMENIT	OF CHANGES	IN DENIETICIAL	OWNIEDCLIID
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*				2. Issuer Name and Ticker or Trading Symbol STERIS CORP [ STE ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
KOSECOFF JACQUELINE B				1	<u> </u>										X	Directo	r 10% Ov		vner			
(Last) 5960 HE	(Fi	•	(Middle)	3. Date of Earliest Transaction 08/06/2014							Month/Day/Year)						Officer below)	(give title		Other (s below)	specify	
					4. If	f Ame	endment,	Date	of C	Original F	iled	(Month/D	ay/Ye	ar)	6.	Indiv	idual or J	loint/Group	Filing	(Check Ap	plicable	
(Street) MENTO	Street) MENTOR OH 44060					4. If Amendment, Date of Original Filed (Month/Day/Year)											Form filed by One Reporting Person     Form filed by More than One Reporting					
(City)	(S	tate)	(Zip)														Persor					
		Tab	le I - Noi	n-Deriv	ative	e Se	curitie	s Ac	qu	ıired, [	Disp	osed o	of, o	r Ber	neficia	lly	Owned					
Date				Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		,	3. Transaction Code (Instr. 8)					4 and Securiti 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) or (D)	Price		Reported Transact (Instr. 3	tion(s)			(Instr. 4)	
Common Shares, No Par Value 08/0			08/06	5/2014	2014				A		1,261 A		\$51.	53	11,299			D				
Common Shares, No Par Value																9,063			I :	See Footnote Below. <sup>(1)</sup>		
		ī	able II -									sed of onverti				y O	wned			,	•	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security 3. Transaction Date (Month/Day/Yea		3A. Deeme Execution if any (Month/Da	Date,	4. Transactioi Code (Instr 8)		n of		Ex	6. Date Exercisa Expiration Date (Month/Day/Yea			Amo Secu Und Deri	7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		De Se	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Dat	ite ercisable		xpiration ate	Title		Amount or Number of Shares							
Option to Purchase Common Shares	\$51.53	08/06/2014			A		4,584			(2)	08	3/06/2024	Sha No	nmon ires, Par lue	4,584		\$0	4,584		D		
Career Restricted Stock Units	(3)	08/06/2014			A		1,309			(4)		(4)	Sha No	imon ires, Par	1,309		\$0	1,309		D		

## **Explanation of Responses:**

- 1. These shares are held in a revocable family trust of the Reporting Person and the Reporting Person's spouse, as Co-Trustees.
- 2. These Nonqualified Stock Options are fully vested immediately.
- 3. Each Career Restricted Stock Unit represents the right to receive one STERIS Common Share six months after the cessation of the Director's Board service.
- 4. These Career Restricted Stock Units are fully vested immediately. They will be settled in STERIS Common shares six months after the cessation of the Director's Board service.

/s/ Dennis P. Patton,

**Authorized Representative** under Power of Attorney

08/08/2014

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.