## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	S IN BENEFI	CIAL OWNE	RSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
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*  TOKICH MICHAEL J						2. Issuer Name <b>and</b> Ticker or Trading Symbol STERIS CORP [ STE ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  X Officer (give title Other (specify				
(Last) (First) (Middle) 5960 HEISLEY ROAD						3. Date of Earliest Transaction (Month/Day/Year) 06/01/2015									belov	v) ``	Other (specify below)  Treasurer		
(Street) MENTO (City)			14060 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Indi Line) X	Forn Forn	al or Joint/Group Filing (Check Applicable orm filed by One Reporting Person orm filed by More than One Reporting erson			
		Tabl	e I - No	n-Deriv	ative	Sec	uritie	s Ac	quired	l, Dis	sposed o	f, or E	Benef	icially	Owne	ed			
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)				Execution Date,		3. Transaction Code (Instr. 8)  4. Securities Acquired (A Disposed Of (D) (Instr. 3,			and 5) Secur Benef Owne		icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership						
						l l			Code	v	Amount	(A) (D)	Pri	се		action(s) 3 and 4)		(Instr. 4)	
Common Shares, No Par Value 06/01/20				2015	015			F		1,213(1)	D	\$6	57.46 <sup>(2)</sup>	32	2,128 <sup>(3)</sup>	D			
Common Shares, No Par Value														3,003	I	See Footnote Below. <sup>(4)</sup>			
		Та	ble II -								osed of, convertib			-	wned			,	
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)    Sal Deemed Execution Date, if any (Month/Day/Year)   Sal Deemed Execution Date, if any (Month/Day/			rative rities ired r osed ) : 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)  Compared to the control of the control					Der Sec (Ins	rice of ivative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)				

## **Explanation of Responses:**

- 1. 1,213 shares were withheld from the 3,700 restricted shares that vested on June 1, 2015. These 1,213 shares represent the value of the taxes required to be withheld pursuant to applicable employment or tax laws, as determined by the Issuer. These 3,700 shares were awarded to Mr. Tokich on May 31, 2011 as part of an award of 3,700 restricted shares. These vested shares were valued at the NYSE closing market price on June 1, 2015.
- ${\it 2. Closing market price on the NYSE on the day on which the restricted shares vested.}\\$
- 3. 18,500 of these Common Shares are restricted. The restrictions on these Common Shares lapse as follows: 7,000 on May 31, 2016; 7,000 on May 31, 2017 and 4,500 on May 30, 2018.
- 4. Represents 3,071.342 units of the STERIS Corporation 401(k) Plan STERIS Stock Fund which equals 3,003 Common share equivalents as of June 1, 2015.

/s/ Dennis P. Patton,
Authorized Representative
under Power of Attorney

06/03/2015

\*\* 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.