## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

l	OMB APPRO	VAL
l	OMB Number:	3235-0287
l	Estimated average burd	en
l	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*  Wood Michael B				2. Issuer Name <b>and</b> Ticker or Trading Symbol STERIS CORP [ STE ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
WOOD WICHGELD															X Directo	tor 10		10% Ov	vner	
(Last)	(FI O HEISLEY		(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 08/31/2015								Officer below)	(give title		Other (s below)	specify		
G/ O 550	O TILIOLL I	ROTE						<u> </u>		. = 1	/A.A! . /D		`	-	P 11 1		=111	(0)   1	r 11	
					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)	_													- 1	,	filed by One	e Repo	orting Perso	n l	
MENTO	R O	H	44060													•	•	n One Repo		
															Perso				9	
(City)	(S	tate)	(Zip)																	
		Tab	le I - Nor	-Deriv	ative	Se	curitie	s Ac	quired	, Dis	posed (	of, or	Bene	ficial	ly Owned	d				
1. Title of Security (Instr. 3) 2. Transa					action		2A. Deem	ed	3.		4. Secui	rities Ac	quired	(A) or	or 5. Amount of 6. Ownership				7. Nature	
			Date (Month/I	Dav/Ye	Execution Date, Year) if any		e, Transaction Dispose Code (Instr. 5)			d Of (D) (Instr. 3, 4 a		3, 4 and	Securition Benefici				of Indirect Beneficial			
				(	(Monthibay/Tear)			(Month/Day/Year				3,			Owned I	Following (i) (		(Instr. 4)	Ownership (Instr. 4)	
									Code	V	Amount		(A) or	Price	Transac	Reported Transaction(s) (Instr. 3 and 4)		ľ	(11150.4)	
										ļ.	7	(	D)		(Instr. 3					
Common Shares, No Par Value									28	28,732		D								
			able II - I	Dorivot	tivo G	500	urition	Λ.ο.ο	uirod	Dion	ocod of	or D	onof	ioially	Owned		J			
		'									onverti				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion Oate (Month/Day/Year) 3A. Deem Execution if any (Month/Day			Date, Transaction Code (Instr					6. Date Exercisal Expiration Date (Month/Day/Year)			Amou Secur Under Deriva	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 Transactic (Instr. 4)	i lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		xpiration ate	Title	OI N Of	umber						
Option to										$\neg$		Comn								
Purchase Common Shares	\$64.05	08/31/2015			Α		4,110		(1)	0	8/31/2025	Share No P Valu	ar   1	1,110	\$0.00	4,110		D		
Career Restricted Stock	(2)	08/31/2015			A		1,053		(3)		(3)	Comm Share No P	es, ar	,053	\$0.00	1,053		D		

## **Explanation of Responses:**

- 1. These Nonqualified Stock Options are fully vested immediately.
- 2. 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.
- 3. 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.

## Remarks:

/s/ Dennis P. Patton, **Authorized Representative** 08/31/2015 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.