FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20349

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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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* MCMULLEN KEVIN M | | | | | | 2. Issuer Name and Ticker or Trading Symbol STERIS CORP [STE] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | |
|--|---|--|--|--------|----------------------|---|----------|---|--|---|----------------------|----------------------------------|--|---|---|----------------|--|--|
| WICHULLEN KEVIN WI | | | | | | | | | | | | | | X Directo | or | | 10% Ov | vner |
| (Last) 5960 HE | ast) (First) (Middle) | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/02/2006 | | | | | | | | Officer (give title below) | | | Other (s below) | specify |
| (Street) | | | | | _ 4.1 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| ` , | | OH 44060 | | | | | | | | | | | led by One Reporting Person led by More than One Reporting | | | | | |
| (City) (State) | | | (Zip) | | | | | | | | | | | Persor | | C trica | TOTIC REPO | |
| | | Tab | le I - No | n-Deri | vativ | e Sec | curities | s Ac | quired, | Dis | sposed o | f, or Be | neficial | ly Owned | l | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | r) Ex | A. Deemed xecution Date, any Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | Benefic Owned | es ially Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Reporte Transac (Instr. 3 | tion(s) | | | (Instr. 4) |
| Restricted Common Shares ⁽¹⁾ 08/02/2 | | | | | | 006 | | A | | 610 | A | \$22.94 | (2) 7, | 010 | | D | | |
| | | - | Γable ΙΙ - | | | | | | | | osed of, converti | | | Owned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, | Date, Transa Code | | of | | 6. Date Exercisal Expiration Date (Month/Day/Year) | | of Securitie | | ies g Security | 8. Price of Derivative Security (Instr. 5) | 9. Numbe derivative Securities Beneficia Owned Following Reported Transactie (Instr. 4) | e 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 | | Expiration Date | Title | Amount or Number of Shares | | | | | |
| Option to Purchase Common Shares | \$23.35 | 08/02/2006 | | | A | | 10,000 | | 02/03/200 | 7 | 08/02/2016 | Common Share, no par value | 10,000 | \$0 | 10,00 | 0 | D | |

Explanation of Responses:

- 1. These shares vest as follows: 2/7ths on 1/31/07, 1/7th on each of the following dates: 2/28/07, 3/30/07, 4/30/07, 5/31/07, and 6/29/07.
- 2. The price is the average of the Closing Prices during the 10 consecutive trading days starting 7/20/06 through 8/02/06.

Dennis P. Patton, Authorized
Representative under Power of 08/03/2006

<u>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.