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 burden							
I	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* MCMILLEN KEVIN M						2. Issuer Name and Ticker or Trading Symbol STERIS CORP [STE]								Relationship of Reporting Person(s) to Issuer (Check all applicable)							
MCMULLEN KEVIN M							[]								Directo	r		10% Owne			
(Last) (First) (Middle) 5960 HEISLEY ROAD						3. Date of Earliest Transaction (Month/Day/Year) 02/25/2015									Officer below)	(give title		Other (: below)	specify		
							4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable					
(Street)														Line)							
MENTOR OH 44060													X Form filed by One Reporting Person Form filed by More than One Reporting								
(City) (State) (Zip)				-										Person							
		Tak	ole I - No	n-Deriv	vativ	e Se	curit	ies Ac	quired	, Dis	posed c	of, or Be	nefici	ally	Owned						
1. Title of Security (Instr. 3) 2. Transp Date (Month/L						action Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.) 8)				nd		s ally following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) (D)	Price	e	Reported Transact (Instr. 3	ion(s)			(Instr. 4)		
Common	Shares, No	Par Value	5/201	2015		М		10,00	0 A	\$26	5.93	29,991			D						
Common Shares, No Par Value 02/25/											4,156	5 D	\$64	1.8 ⁽¹⁾	25,	25,835		D			
Common Shares, No Par Value 02/25/									М		10,00	0 A	\$23	3.35	35,	35,835		D			
Common	Shares, No	5/201	/2015					3,604	4 D	\$64	1.8 ⁽¹⁾	32,	231		D						
			Table II -								osed of				wned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	ed Date,	4. Transaction Code (Instr. 8)		5. Number		6. Date Exercis Expiration Date (Month/Day/Yea		sable and e	7. Title and Am of Securities Underlying Derivative Sect (Instr. 3 and 4)		nt 8	. Price of Perivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e (s l ally g (10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)		Date Exercisa		Expiration Date	Title	Amou or Numb of Share:	er							
Director Stock Option (right to buy)	\$26.93	02/25/2015			M			10,000	02/06/20	006	09/05/2015	Common Shares, No Par Value	10,00	00	\$0	0		D			
Director Stock Option (right to	\$23.35	02/25/2015			М			10,000	02/03/20	007	08/02/2016	Common Shares, No Par Value	10,00	00	\$0	0		D			

Explanation of Responses:

1. Closing market price on the NYSE on the day on which the cashless stock option transaction occurred.

/s/ Dennis P. Patton, Authorized
Representative under Power of 02/26/2015
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.