FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| wasinigton, | D.C. | 20343 | |
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| | | | |

| OMB APP | ROVAL |
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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* <u>Steeves Richard Martin</u> | | | | 2. Issuer Name and Ticker or Trading Symbol Steris plc [STE] | | | | | | | | | | | all app | olicable) ctor | ng Person(s) to I | Owner | |
|--|------------|--|-------------|--|-------------------------------|-----|---|-----------|---|-----------|---------------------|--------|---|---|---|--|---|---|--|
| | NCERY H | rst) IOUSE, 190 W <i>F</i> STRIAL PARK | | 11/02 | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/02/2015 | | | | | | | | | Office below | er (give title w) | Other below | (specify) |
| (Street) LEISCEST | ΓER X(|) | LE5 1QZ | | 4. If | Ame | endmen | t, Date o | f Original | Filed | (Month/Da | ıy/Yea | ar) | | i. Indiv ine) X | Form | n filed by One n filed by Moi | o Filing (Check / e Reporting Per re than One Rep | son |
| (City) | (St | | (Zip) | n-Deriv | ative | | curiti | 05 Acc | uired | Die | n hean | f O | Rene | afici | ally (| Owne | 2d | | |
| 1. Title of Security (Instr. 3) 2. Tra | | 2. Trans | ransaction | | 2A. Deemed Execution Date, | | 3. Transaction Code (Instr. | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5) | | | (A) or |) or 5. An 4 and Secu Bene Own | | ount of ties cially I Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Pric | e | Report Transa (Instr. | action(s) 3 and 4) | | (Instr. 4) |
| Ordinary S | hares, ?0. | 10 Nominal Val | ue | 11/02 | /2015 | | | | A | | 170,21 | 2 | A | (: | 1) | 17 | 70,212 | D | |
| Ordinary S | hares, ?0. | 10 Nominal Val | ue | 11/02 | / 201 5 | | | | A | | 207,55 | 0 | A | (: | 1) | 20 | 07,550 | I | See Footnote Below. ⁽²⁾ |
| Ordinary S | hares, ?0. | 10 Nominal Val | ue | 11/02 | /2015 | | | | A | | 57,96 | 2 | A | (: | 1) | 5 | 7,962 | I | See Footnote Below. ⁽³⁾ |
| Ordinary Shares, ?0.10 Nominal Value | | | 11/02 | /02/2015 | | | | A | | 519,557 A | | A | (: | 1) | 519,557 | | I | See Footnote Below. ⁽⁴⁾ | |
| | | Т | able II - [| | | | | • | , | | sed of, onvertib | | | | • | vned | | | |
| Derivative Security Date (Month/Day/Year) Execution Date, (if any (Month/Day/Year) Execution Date, (Month/Day/Year) Execution | | 4. Transa Code (8) | | on of Derivative (Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | | | • | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amoun or Numbe of Title Shares | | ount nber | | | 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. Represents ordinary shares of STERIS plc ("New STERIS") acquired pursuant to New STERIS' acquisition of Synergy Health plc by commencing a "recommended offer" under English law (the "Merger"). At the effective time of the Merger, each ordinary share of Synergy Health plc was cancelled and converted into the right to receive 0.4308 New STERIS ordinary shares.
- 2. These ordinary shares are held by the Reporting Person's spouse.
- 3. These ordinary shares are held in a self invested personal pension plan.
- 4. These ordinary shares are held in a trust.

Remarks:

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

11/02/2015

Date

** Signature of Reporting Person

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.