FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL								
l	OMB Number:	3235-0287							
	Estimated average burden								
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

Name and Address of Reporting Person*     WILSON LOYAL W						2. Issuer Name <b>and</b> Ticker or Trading Symbol STERIS CORP [ STE ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
WILSC	JI LOIF	IL VV																	·
(Last) (First) (Middle) 5960 HEISLEY ROAD						Date o /02/2		Trans	action (Mo	nth/	'Day/Year)					(give title		Other (s below)	specify
					_ 4.1	If Ame	ndment, I	Date o	of Original I	Filed	d (Month/Da	ay/Year)		(Check all applicable)  X Director Officer (give title below)  6. Individual or Joint/Group Filing (Check Applicable) X Form filed by One Reporting Person Form filed by More than One Reporting Person  Form filed by More than One Reporting Person  6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)  Reported Transaction(s) (Instr. 3 and 4)  622.94(2)  10,610  D  cially Owned ies)  mount B. Price of Derivative Security (Instr. 5)  mount Curity (Instr. 5)  mount Curity (Instr. 4)  mount Curity (Instr. 4)	plicable				
(Street)  MENTOR OH		Н	44060									Lin	-,	, , , , , , , , , , , , , , , , , , ,					
-					-					(Check all applicable) X Director 10% Owner Officer (give title below)  All Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person  6. Securities Acquired (A) or Person  7. Nature Of Indirect (D) or Indirect									
(City)	(S	tate)	(Zip)																
		Tab	le I - No	n-Deri	vativ	e Se	curities	s Ac	quired,	Dis	posed o	f, or Be	neficia	ly Ow	ied				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution Da			3. Transact Code (In: 8)					and 5) Securiti Benefic Owned		s ally ollowing	Form: Direct (D) or Indirect		of Indirect Beneficial Ownership	
							Code	,	Amount		Price	Transac		tion(s)			(Instr. 4)		
Restricted	d Common	Shares <sup>(1)</sup>		08/02	2/2006	5			A		610	A	\$22.94	(2)	10,	610		D	
		-	Table II											Owne	d				
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, Trans Code			of		6. Date Exercisabl Expiration Date (Month/Day/Year)		е	of Securit Underlyin Derivative	ies g Security	Derivat Securit	ive y	derivative Securities Beneficial Owned Following Reported Transaction	e S Illy	Ownership Form: Direct (D) or Indirect	of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisabl			Title	or Number of						
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		10,000	)	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.

<u>Dennis P. Patton, Authorized</u> <u>Representative under Power of</u> 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.

- $^{\star}$  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.