FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

	AIND	LACHANGE	COMMISSION
Vashington	DC 2	0549	

washington, D.C. 20049	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0287		

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

for the securiti intende defens	purchase or sa es of the issue d to satisfy the e conditions of ee Instruction 1	le of equity r that is affirmative Rule 10b5-																	
Name and Address of Reporting Person*				2. Issuer Name and Ticker or Trading Symbol STERIS plc [STE]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
<u>Carestio Daniel A</u>												1	Direc	,		10% Ov	vner		
(Last) 70 SIR J	(Last) (First) (Middle) 70 SIR JOHN ROGERSON'S QUAY				3. Date of Earliest Transaction (Month/Day/Year) 10/01/2024								Officer (give title Other (specify below) President and CEO						
(Street) DUBLIN 2 L2 D02 R296				4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person					.			
(City)	(Sta	ate) (Z	Zip)		Form filed by More than One Reporting Person										orting				
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired	, Dis	posed of	, or B	enefic	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				Execution if any		eemed ition Date, h/Day/Year)		Transaction Disposed C		es Acquired (A) Of (D) (Instr. 3, 4		and Secur Benef Owne		cially I Following	Forn (D) c	m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price	,	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Ordinary Shares 10			10/01/2	2024				F		130(1)	D	\$23	235.78		,186(2)		D		
		Tal	ole II -								osed of, convertib				Owne	d			
1. Title of Derivative Security (Instr. 3)	Derivative Conversion Date Execution Date, Security or Exercise (Month/Day/Year) if any		4. Transaction Code (Instr. 8) 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		Expiration Date (Month/Day/Year) S			7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		8. Price Derivati Security (Instr. 5			Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Ownership Form: Direct (D) or Indirect	Beneficial Ownership (Instr. 4)				
													Amount	1					

Explanation of Responses:

1. 130 shares were withheld from the 289 restricted shares that vested on October 1, 2024. These 130 shares represent the value of the taxes required to be withheld pursuant to applicable employment or tax laws, as determined by the Issuer. These 289 ordinary shares were awarded to Mr. Carestio on October 1, 2021. These vested shares were valued at the NYSE closing market price on October 1, 2024.

Date Exercisable

Expiration Date

2. As of October 1, 2024, 28,006 of these ordinary shares are restricted. The restrictions on these ordinary shares lapse as follows: 4,308 on June 2, 2025; 1,514 on June 2, 2025; 2,369 on June 2, 2025; 4,283 on June 4, 2025; 289 on October 1, 2025; 4,308 on June 1, 2026; 2,369 on June 2, 2026; 4,283 on June 4, 2026 and 4,283 on June 4, 2027.

(D)

Remarks:

/s/ John P. Ubbing, Authorized Representative under Power of 10/02/2024 <u>Attorney</u>

** Signature of Reporting Person Date

of Shares

Title

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).

Code

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.