Form **8937**(December 2017) Department of the Treasury Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

OMB No. 1545-0123

► See separate instructions.

Part I Reporting I	ssuer			(51)		
1 Issuer's name		2 Issuer's employer identification number (EIN)				
STERIS plc		98-1455064				
3 Name of contact for add	titional information	4 Telephon	e No. of contact	5 Email address of contact		
Julie Winter		440-392-7245		julie_winter@steris.com		
6 Number and street (or P	.O. box if mail is not	7 City, town, or post office, state, and ZIP code of contact				
c/o STERIS Corporation, 5	960 Heisley Road	Mentor, Ohio 44060				
8 Date of action						
Distribution paid June 26,	2024					
10 CUSIP number 11 Serial number		(s)	12 Ticker symbol	13 Account number(s)		
G8473T100			STE			
Part II Organization	nal Action Atta	ch additional	statements if needed. See ba	ack of form for additional questions. ainst which shareholders' ownership is measured for		
on June 12, 2024.				e on June 26, 2024 to shareholders of record		
share or as a percenta	age of old basis > 7	6% (39 cents) of this distribution will be trea	the hands of a U.S. taxpayer as an adjustment per ted as a nontaxable return of capital to the extent of eated as capital gain for U.S. tax purposes.		
valuation dates ▶ Pu calculated based on the e STERIS plc's subsidiary c 31, 2025 support their dis	rsuant to the Intern arnings and profits companies. STERIS closure that 76% o	al Revenue C of STERIS p plc's current f the June 26	Code sections 301(c) and 316(a) alc (parent company) only. It do t and accumulated earnings and	n, such as the market values of securities and the l, the taxability of STERIS plc's distribution is es not include the earnings and profits of d profits estimated for the year ending March ble return of capital to the extent of the ors for shareholders of record		

Par	t II	Organizational Action (continued)				
In-		e applicable Internal Revenue Code section(s) a	and subsection(s) upon which the tax tre	eatment is bas	sed ►	Sections 301(c) and 316(a)
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18	Can a	ny resulting loss be recognized?▶ Not applic	eable.			
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10	Drovi	de any other information necessary to implemer	at the adjustment, such as the reportab	le tax vear ▶ I	None.	
19	FIUVI	de any other information necessary to implemen	it the dejection, each as the reperior	,,,,,,		
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	Ui	nder penalties of perjury, I declare that I have examing lief, it is true, correct, and complete. Declaration of pro-	ed this return, including accompanying sche eparer (other than officer) is based on all info	dules and states mation of which	ments, a	nd to the best of my knowledge an r has any knowledge.
Sigı Her	<u> </u>	gnature Ahery Hou	sers)	Date ▶	Octo	ber 29, 2024
		٠, ١-,		TOLL . N	Coni	or Director, Tax
_	- '-	int your name ► Cheryl Flowers Print/Type preparer's name	reparer's signature	Title ► Date		- PTIN
Pai		This type proparer ename				Check if
	pare			"	F	Firm's EIN ▶
	e On	Firm's address ▶				Phone no.
Send	Form	8937 (including accompanying statements) to:	Department of the Treasury, Internal Re	evenue Servic	e, Ogde	n, UT 84201-0054