FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

						occui	30(11)	oi tile	Investmen	t Coi	ilpaily Act	01 1940								
1. Name and Address of Reporting Person* Breeden Richard C					2. Issuer Name and Ticker or Trading Symbol STERIS plc [STE]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Dieeuen Milliaiu C														X	Directo	or		10% Ov	vner	
(Last)	(First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 08/10/2021								Officer (give title Other (special below) below)					specify	
C/O 70 5	SIR JOHN I	ROGERSON'S C	QUAY																	
(Chron)							4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) DUBLIN	N L2	2	2											X	X Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	(S	tate)	(Zip)			Person														
		Tab	le I - Nor	-Deriv	ative	Sec	curities	s Ac	quired,	Dis	osed o	of, or Be	nefic	ally (Owned	i				
1. Title of Security (Instr. 3) 2. Transa Date (Month/D.				Execution Date,		Code (Instr. 5)				4 and Securi Benefi Owned		ies Formalist Following (I)		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership					
									Code	v	Amount	(A) or (D)		, l	Reported Transact (Instr. 3 a	ction(s)			(Instr. 4)	
		Т	able II - I						uired, D s, option			,		•	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/Day	Date,	Code (Inst				6. Date Exercisa Expiration Date (Month/Day/Year		Amount of		of S Ig e Securi	Der Sec (Ins	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owne Form: Direct or Ind (I) (Ins	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	Amount or Number of Shares	er						
Director Stock Option (right to buy)	\$217.62	08/10/2021			A		2,027		(1)	0	8/10/2031	Ordinary Shares	2,02	7 \$	60.00	2,027		D		

(1)

(4)

(4)

Explanation of Responses:

\$217.62⁽²⁾

(3)

 $1. \ These \ nonqualified \ stock \ options \ are \ fully \ vested \ and \ are \ exercisable \ immediately.$

08/10/2021

08/10/2021

08/10/2021

- 2. These nonqualified stock options were issued to the Reporting Person in lieu of fees of \$25,000.
- 3. Each Career Restricted Stock Unit represents the right to receive one STERIS ordinary share six months after the cessation of the Director's Board service.

A

A

A

4. These Career Restricted Stock Units are fully vested immediately. They will be settled in STERIS ordinary shares six months after the cessation of the Director's Board service.

471

508

376

5. These Career Restricted Stock Units were issued to the Reporting Person in lieu of fees of \$82,000.

Remarks:

Director Stock Option (right to

buy) Career Restricted

Stock Units

Career Restricted

Stock Units

/s/ Ronald E. Snyder, Authorized Representative 08/12/2021 under Power of Attorney

Ordinary

Shares

Ordinary

Shares

Ordinary

08/10/2031

(4)

(4)

471

508

376

\$53.08

\$0.00

\$217.62⁽⁵⁾

2 498

15,608

15,984

D

D

D

** 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.