FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|
| | | |

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* WILSON LOYAL W | | | | | | 2. Issuer Name and Ticker or Trading Symbol STERIS CORP [STE] | | | | | | | | neck all | | able) | g Pers | on(s) to Issi 10% Ow | | | |
|--|---|--|---|---|---|---|------|--|---|----------------------|---------------------------|--|--|---------------------------------------|---|---|-------------------------------|--|--|--|--|
| (Last) (First) (Middle) 5960 HEISLEY ROAD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/18/2011 | | | | | | | | | fficer elow) | (give title | | Other (s below) | pecify | | | |
| (Street) MENTO | R O | Н | 44060 | | 4. | If Ame | ndme | nt, Date | of Original Filed (Month/Day/Year) | | | | | e) <mark>X</mark> F | ividual or Joint/Group Filing (Check Form filed by One Reporting Pe Form filed by More than One R Person | | | rting Persor | rson | | |
| (City) | (S | tate) | (Zip) | | | | | | | | | | | | | r Glouil | | | | | |
| 4 Till | 2 | | le I - N | | | _ | | | | d, Di | sposed o | | | - | | | | | 7. N | | |
| 1. Title of Security (Instr. 3) | | 2. Transaction Date (Month/Day/Year) | | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar | | (A) or 3, 4 and 5 | nd 5) Securiti Benefic | | es ally Following | Form | : Direct Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | | | | | | Code | v | Amount | (A) or (D) | Price | Tran | | ed ction(s) 3 and 4) | | | (Instr. 4) | | | |
| Common Shares, No Par Value | | | 05/18/2011 | | | | | М | | 10,000 | A | \$21.5 | 1 | 30, | ,908 | | D | | | | |
| Common Shares, No Par Value | | | 05/18 | 05/18/2011 | | | | M | | 10,000 | A | \$20.8 | 9 | 40, | ,908 | | D | | | | |
| Common Shares, No Par Value 05 | | | 05/18 | 05/18/2011 | | | | S | | 20,000 | D | \$35.962 | 52 ⁽¹⁾ 20 | | ,908 | | D | | | | |
| | | • | Table II | | | | | | | | posed of, convertil | | | / Own | ed | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | | 3A. Deed Execution if any (Month/I | | 4. Transaction Code (Instr 8) | | | | 6. Date Exerc Expiration Da (Month/Day/\) | | ate | 7. Title and Amour of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Prio Derive Secur (Instr. | ative ity | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | e O s Fi lly D o (!) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercis | sable | Expiration Date | Title | Amount or Number of Shares | | | | | | | | |
| Director Stock Option Exercise | \$21.51 | 05/18/2011 | | | M | | | 10,000 | 02/01/ | 2002 | 08/31/2011 | Common Shares, No Par Value | 10,000 | \$1 |) | 0 | | D | | | |
| Director Stock Option Exercise | \$20.89 | 05/18/2011 | | | M | | | 10,000 | 02/01/ | 2003 | 08/31/2012 | Common Shares, No Par Value | 10,000 | \$ |) | 0 | | D | | | |

Explanation of Responses:

1. This represents the average sales price of the shares sold. The actual 11 sales prices ranged from \$35.94 per share to \$35.98 per share. Issuer, upon request by the SEC staff, will provide full information regarding the number of shares sold at each of these 11 sales prices

> Dennis P. Patton, Authorized Representative under Power of 05/18/2011

** Signature of Reporting Person Date

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.