FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

heck this box if no longer subject to
ection 16. Form 4 or Form 5
bligations may continue. See
otruction 1/h)

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* BURKE PETER A						2. Issuer Name and Ticker or Trading Symbol STERIS CORP [STE]									heck a	all applicable) Director		g Person(s) to Issuer 10% Owner Other (specify		wner	
(Last) 5960 HE	Last) (First) (Middle) 960 HEISLEY ROAD					3. Date of Earliest Transaction (Month/Day/Year) 05/30/2013										Officer (give title below) Sr. VP & Chie		below) f Tech. Officer			
(Street) MENTO	MENTOR OH 44060				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									ne) X	Form	or Joint/Group Filing (Check Applicable m filed by One Reporting Person m filed by More than One Reporting son				
		Tabl	e I - No	n-Deriv	ative	Se	curitie	s Acc	uired,	Dis	posed o	f, or	Bene	eficia	ally O	wne	ed				
1. Title of Security (Instr. 3) 2. Transar Date (Month/Date						2A. Deel Execution Day/Year) any (Month/I			3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				4 and Secu		cially I Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)	
						Code	v	Amount	(A) or D)	Price	Ti	Transaction(s) (Instr. 3 and 4)				(IIISU. 4)				
Common Shares, No Par Value 05/30/									F		329(1)		D	\$45.	15.87		9,115	D			
Common Shares, No Par Value 05/31/						3			F		247(2)		D	\$45.34		4 18,868 ⁽³⁾		D			
		Та							,		sed of, onvertib				y Owr	ned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Executior if any (Month/Da	Date,		Transaction Code (Instr.		n of		6. Date Exercis: Expiration Date (Month/Day/Yea		7. Title and Amount of Securities Underlying Derivative Security (Instrant 4)		str. 3	8. Price Derivat Securit (Instr. !	ivative urity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction((Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	D) ect	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)		Date Exercisa		Expiration Date	Title	or Nun of	ount nber res							

Explanation of Responses:

- 1. 329 shares were withheld from the 1,000 restricted shares that vested on May 30, 2013. These 329 shares represent the value of the taxes required to be withheld pursuant to applicable employment or tax laws, as determined by the Issuer. These 1,000 restricted shares were awarded to Dr. Burke on May 30, 2012. These vested shares were valued at the NYSE closing market price on May 30, 2013.
- 2. 247 shares were withheld from the 750 restricted shares that vested on May 31, 2013. These 247 shares represent the value of the taxes required to be withheld pursuant to applicable employment or tax laws, as determined by the Issuer. These 750 shares were awarded to Dr. Burke on May 31, 2011 as part of an award of 3,000 restricted shares. These vested shares were valued at the NYSE closing market price on
- 3. 5,700 of these Common Shares are restricted. The restrictions on these Common Shares lapse as follows: 4,200 on May 20, 2014, 750 on June 2, 2014 and 750 on June 1 2015.

/s/ Dennis P. Patton,

Authorized Representative

06/03/2013

under Power of Attorney

** 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.