## FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

STATEMENT	OF CHAN	GES IN BEN	IEFICIAL O	WNERSHIP

OMB APPROVAL

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

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*  LANCASTER RAYMOND A						2. Issuer Name <b>and</b> Ticker or Trading Symbol STERIS CORP [ STE ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)						
LITTICI	IJILI		<u> 1</u>											X	Directo	r		10% Ow	ner	
(Last) 5960 HE	Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 07/31/2003									Officer below)	icer (give title ow)		Other (specify below)			
(Street) MENTOR OH 44060				_ 4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person							
,———	K 0.		44000		_									Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)																	
		Tak	ole I - No	n-Deri	vativ	e Se	curities	s Acc	quired	, Dis	sposed o	f, or Be	neficia	ally C	Owned					
,,,,,		2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dis		4. Securition Disposed	B. Securities Acquired (A) o Disposed Of (D) (Instr. 3, 4 a			and 5) Securition Benefici Owned I		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
							Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		tion(s)			Instr. 4)			
Restricted Common Shares <sup>(1)</sup>		07/31/2003					A		607	A	\$23.0	O6 <sup>(2)</sup>	8,186		D					
Common	Shares, wit	hout par value												1,000 I		I 1	See Footnote Below <sup>(3)</sup>			
Common	Shares, wit	hout par value													2,000 I F			See Footnote Below <sup>(4)</sup>		
Common Shares, without par value															1,500			I 1	See Footnote Below <sup>(5)</sup>	
		-	Table II -								osed of, convertil				vned					
1. Title of Derivative Security (Instr. 3)	Title of 2. 3. Transaction Date Execution Date, or Exercise (Month/Day/Year) if any		ed Date,	4. Transaction Code (Instr. 8)		5. Number of		6. Date Exercisable and Expiration Date (Month/Day/Year)		sable and	7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security		9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Owners Form: Direct (I or Indire (I) (Instr	Ownership	Beneficial Ownership ct (Instr. 4)		
					Code	v	(A)		Date Exercisa		Expiration Date	Title	Amour or Numbe of Shares	er						
Option to purchase common shares	\$22.98	07/31/2003			A		10,000		02/01/20	004	08/31/2013	Common Shares	10,00	0	\$0	10,000	0	D		

## **Explanation of Responses:**

- 1. These shares vest as follows: 2/7ths on 1/30/04, 1/7th on each of the following dates: 2/27/04, 3/31/04, 4/30/04. 5/31/04, and 6/30/04.
- 2. The Price is the average of the Closing Price during the 10 consecutive trading days starting 7/21/03 through 8/1/03.
- 3. 1,000 shares are held as Custodian for Mr. Lancaster's daughters.
- 4. 2,000 shares are held by Mr. Lancaster's wife. Mr. Lancaster disclaims beneficial ownership of the common shares held by his wife.
- 5. 1,500 common shares are held by Mr. Lancaster's Rollover IRA.

Dennis P. Patton, Authorized
Representative under Power of 08/01/2003
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.