

Chapman Timothy L  
 Form 4  
 June 01, 2012

**FORM 4**

**UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
 Washington, D.C. 20549**

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).

**STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person \*  
 Chapman Timothy L

2. Issuer Name and Ticker or Trading Symbol  
 STERIS CORP [STE]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (Middle)  
 5960 HEISLEY ROAD  
 (Street)

3. Date of Earliest Transaction (Month/Day/Year)  
 05/30/2012

\_\_\_\_ Director \_\_\_\_\_ 10% Owner  
 Officer (give title below) \_\_\_\_\_ Other (specify below)  
 SR VP & Grp. Pres., Healthcare

MENTOR, OH 44060  
 (City) (State) (Zip)

4. If Amendment, Date Original Filed(Month/Day/Year)

6. Individual or Joint/Group Filing(Check Applicable Line)  
 Form filed by One Reporting Person  
 Form filed by More than One Reporting Person

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

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 and 5)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Ownership (Instr. 4)
Common Shares, No Par Value	05/30/2012		A	5,000	A \$ 0 15,581 <sup>(1)</sup>	D	
Common Shares, No Par Value					30,969	I	See Footnote Below. <sup>(2)</sup>

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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SEC 1474 (9-02)

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**Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned**  
(e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and Expiration Date (Month/Day/Year)	7. Title and Amount of Underlying Securities (Instr. 3 and 4)	Amount or Number of Shares
Option to Purchase Common Shares	\$ 29.94	05/30/2012		A	15,000	<sup>(3)</sup> 05/30/2022	Common Shares, No Par Value	15,000

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Chapman Timothy L 5960 HEISLEY ROAD MENTOR, OH 44060			SR VP & Grp. Pres., Healthcare	

## Signatures

/s/ Dennis P. Patton, Authorized Representative under Power of Attorney 06/01/2012

\*\*Signature of Reporting Person Date

## Explanation of Responses:

- \* 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).
- (1) 13,200 of these Common Shares are restricted. The restrictions on these Common Shares lapse as follows: 4,500 on May 20, 2014, 3,700 on June 1, 2015 and 5,000 on May 30, 2016.
- (2) These shares are held in The Sharon A. Chapman 2007 Amended & Restated Revocable Trust UAD 7/20/2007 for the benefit of the Reporting Person's spouse. The Reporting Person and the Reporting Person's spouse are co-trustees of the trust. The Reporting Person disclaims beneficial ownership of these securities, except to the extent of his pecuniary interest therein.
- (3) These options become exercisable as follows: 3,750 on May 30, 2013, 3,750 on May 30, 2014, 3,750 on May 30, 2015 and 3,750 on May 30, 2016.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.