

STERIS CORP
Form 3
September 02, 2015

FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL

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INITIAL STATEMENT OF 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 *		2. Date of Event Requiring Statement	3. Issuer Name and Ticker or Trading Symbol	
Â Carestio Daniel A		(Month/Day/Year)	STERIS CORP [STE]	
(Last)	(First)	(Middle)	08/27/2015	
C/O 5960 HEISLEY ROAD		4. Relationship of Reporting Person(s) to Issuer		5. If Amendment, Date Original Filed(Month/Day/Year)
(Street)		(Check all applicable)		6. Individual or Joint/Group Filing(Check Applicable Line)
MENTOR,Â OHÂ 44060		<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Other (give title below) (specify below)		<input checked="" type="checkbox"/> Form filed by One Reporting Person <input type="checkbox"/> Form filed by More than One Reporting Person
(City)	(State)	(Zip)	Sr. V. P., Isomedix & Life Sci	

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Shares, No Par Value	23,951 ⁽¹⁾	D	Â

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)

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 control number.

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D) or Indirect	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable Expiration Date	Title Amount or Number of			

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				Shares		(I) (Instr. 5)	
Option to Purchase Common Shares	Â (2)	05/30/2022	Common Shares, No Par Value	2,225	\$ 29.94	D	Â
Option to Purchase Common Shares	Â (3)	05/31/2023	Common Shares, No Par Value	10,120	\$ 45.34	D	Â
Option to Purchase Common Shares	Â (4)	05/30/2024	Common Shares, No Par Value	7,000	\$ 53.52	D	Â
Option to Purchase Common Shares	Â (5)	08/10/2025	Common Shares, No Par Value	8,000	\$ 67.98	D	Â

Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
Carestio Daniel A C/O 5960 HEISLEY ROAD MENTOR, OH 44060	Â	Â	Â Sr. V. P., Isomedix & Life Sci	Â

Signatures

/s/ Julia Kipnis, Authorized Representative under Power of Attorney 09/02/2015

__Signature of Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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) 16,800 of these Common Shares are restricted. The restrictions on these Common Shares lapse as follows: 4,500 on May 31, 2016; 3,300 on May 31, 2017; 4,000 on May 30, 2018; and 5,000 on May 28, 2019.
- (2) These will become exercisable as follows: 2,225 on May 30, 2016.
- (3) These options became or will become exercisable as follows: 2,530 on May 31, 2014; 2,530 on May 31, 2015; 2,530 on May 31, 2016 and 2,530 on May 31, 2017.
- (4) These options became or will become exercisable as follows: 1,750 on May 30, 2015; 1,750 on May 30, 2016; 1,750 on May 30, 2017 and 1,750 on May 30, 2018.
- (5) These options become exercisable as follows: 2,000 on May 28, 2016; 2,000 on May 28, 2017; 2,000 on May 28, 2018 and 2,000 on May 28, 2019.

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.