

STERIS CORP
Form 4
July 31, 2007

FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287
Expires: January 31, 2005
Estimated average burden hours per response... 0.5

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 *
LANCASTER RAYMOND A

(Last) (First) (Middle)

5960 HEISLEY ROAD

(Street)

MENTOR, OH 44060

(City) (State) (Zip)

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

3. Date of Earliest Transaction
(Month/Day/Year)
07/27/2007

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

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

Director 10% Owner
 Officer (give title below) Other (specify below)

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 Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--------------------------------------|----------------------------------------------------|--------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------|
| Common Shares, No Par Value | 07/27/2007 | | A | 1,354 A | \$ 0 7,066 ⁽¹⁾ | D | |
| Common Shares, No Par Value | | | | | 2,000 | I | See Footnote Below. ⁽²⁾ |
| Common Shares, No Par Value | | | | | 1,500 | I | See Footnote Below. ⁽³⁾ |
| Common Shares, No Par Value | | | | | 1,000 | I | See Footnote Below. ⁽⁴⁾ |

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) 1,354 of these Common Shares are restricted. The restrictions on these 1,354 Common Shares lapse on January 31, 2008.
- (2) 2,000 shares held by Mr. Lancaster's wife. Mr. Lancaster disclaims beneficial ownership of the Common Shares held by his wife.
- (3) 1,500 Common Shares held by Mr. Lancaster's Rollover IRA.
- (4) 1,000 Common Shares held by the Raymond Allen Lancaster Irrevocable Demand Trust dtd 10/02/2006. FBO Christine A. Lancaster, Betsy Williams Lancaster Trustee. Mr. Lancaster disclaims beneficial ownership of the Common Shares held in this trust.
- (5) 1,000 Common Shares held by the Raymond Allen Lancaster Irrevocable Demand Trust dtd 10/02/2006. FBO Sarah F. Lancaster, Betsy Williams Lancaster Trustee. Mr. Lancaster disclaims beneficial ownership of the Common Shares held in this trust.
- (6) 1,000 Common Shares held by the Raymond Allen Lancaster Irrevocable Demand Trust dtd 10/02/2006. FBO Barbara J. Lancaster, Betsy Williams Lancaster Trustee. Mr. Lancaster disclaims beneficial ownership of the Common Shares held in this trust.

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.