SEC Form 4
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## FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

<u> </u>	
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Instruction	1(b).		Filed pursuant to Section 16(a) of the Securities Exchange Act of 1 or Section 30(h) of the Investment Company Act of 1940	934	hours per	response: 0.5
1	ddress of Reporting	5	2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>Sotera Health Co</u> [ SHC ]		ationship of Reporting P k all applicable) Director	erson(s) to Issuer 10% Owner
	(First) URG PINCUS &		3. Date of Earliest Transaction (Month/Day/Year) 05/28/2021		Officer (give title below)	Other (specify below)
450 LEXING	GTON AVENUE	<u> </u>	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line)	vidual or Joint/Group Fil	ing (Check Applicable
(Street)				X	Form filed by One Re	eporting Person
NEW YORI	K NY	10017			Form filed by More th Person	an One Reporting
(City)	(State)	(Zip)				

## 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)	Transaction Code (Instr.		Code (Instr. 5)			5. Amount of Securities Beneficially Owned Following	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)		(Instr. 4)
Common Stock, \$0.01 par value per share ("Common Stock")	05/28/2021		A		9,336 <sup>(1)</sup>	A	\$0	15,205 <sup>(2)</sup>	D	

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)		Isaction of Expiration Date (Month/Day/Year) Amount of Securities Security (Instr. 5) Control (Month/Day/Year) Control (Month/Day/Year) Control (Instr. 5) Control (I				Expiration Date Amount of (Month/Day/Year) Securities Underlying Derivative Security (Instr.		9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	e Ownership es Form: ally Direct (D) or Indirect g (I) (Instr. 4) d tion(s)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				

## Explanation of Responses:

1. These securities consist of 9,336 Restricted Stock Units ("RSUs") that were granted on May 28, 2021, pursuant to the terms of an RSU agreement under the Sotera Health Company 2020 Omnibus Incentive Plan. Each RSU represents the Reporting Person's right to receive one share of Common Stock, subject to vesting conditions. The RSUs will vest in full on the earlier of (i) the first anniversary of the date of grant, or (ii) the date immediately prior to the Issuer's next regular annual shareholders meeting, subject to the Reporting Person's continued service as a non-employee director of the Issuer through such date.

2. These securities consist of 9,336 RSUs and 5,869 shares of Common Stock.

## **Remarks:**

The Power of Attorney for Ms. Geveda is filed as an exhibit to the Form 3 filed with the Securities and Exchange Commission on November 20, 2020, which is hereby incorporated by reference.

<u>/s/ Jessica L.</u>	M. H.	<u>Epp, a</u>	S	
attorney-in-fa	act for	<u>Stepha</u>	nie	06/01/2021
<u>Geveda</u>				

\*\* 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.