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(Street)

(City)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Instruction 1(b). Filed			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 [*] MIHAS CONSTANTINE S				2. Issuer Name and Ticker or Trading Symbol Sotera Health Co [SHC]		ationship of Reporting Person(s) to Issue (all applicable) Director 10% Owner				
(Last)	(First)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 05/26/2023		Officer (give title below)	Other (specify below)			

300 NORTH LASALLE STREET **SUITE 5600**

60654 **CHICAGO** IL

(State)

(Zip)

Rule 10b5-1(c) Transaction Indication

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

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

Line)

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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)	Code (Instr.		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		
Common Stock, \$0.01 par value per share (Common Stock)	05/26/2023		A		15,712 ⁽¹⁾	A	\$0.00	41,560 ⁽²⁾	D	

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities) 1. Title of 3. Transaction 3A. Deemed 6. Date Exercisable and 7. Title and 8. Price of 9. Number of 10. 11. Nature Expiration Date (Month/Day/Year) Execution Date, .. Transaction Number Ownership Derivative Conversion Amount of Derivative derivative of Indirect (Month/Day/Year) Securities Securities Security or Exercise if anv Code (Instr. of Security Form: Beneficial Direct (D) or Indirect (Instr. 3) Price of Derivative (Month/Day/Year) 8) Derivative Underlying Derivative (Instr. 5) Beneficially Ownership Securities Owned (Instr. 4) Security Acquired Security Following (I) (Instr. 4) (Instr. 3 and 4) (A) or Reported Disposed Transaction(s) of (D) (Instr. 3, 4 (Instr. 4) and 5) Amount Number Date Expiration of Code ν (A) (D) Exercisable Date Title Shares

Explanation of Responses:

1. These securities consist of 15,712 Restricted Stock Units ("RSUs") that were granted on May 26, 2023, 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 15,712 RSUs and 25,848 shares of Common Stock.

Remarks:

The Power of Attorney for Mr. Mihas 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.M.H. Epp,</u>			
Attorney-in-Fact	<u>05/3</u>		
** Signature of Reporting Person	Date		

31/2023

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.

OMB APPROVAL

OMB Number: 3235-0287 Estimated average burden 0.5 hours per response

6. Individual or Joint/Group Filing (Check Applicable

Form filed by One Reporting Person Form filed by More than One Reporting