FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL								
OMB Number:	3235-0104							
Estimated average burden								
hours per response:	0.5							

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					,	estilient company / let or 1546						
St.			2. Date of Event Re Statement (Month/I 10/12/2022		3. Issuer Name and Ticker or Trading Symbol Sotera Health Co [SHC]							
(Last)	(First)	(Middle)										
C/O WARBURG PINCUS LLC					4. Relatio (Check al	suer			5. If Amendment, Date of Original Filed (Month/Day/Year)			
450 LEXINGTON	450 LEXINGTON AVENUE				X Director		10% Owner					
				Officer (give title below)		Other (specify below)		Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person				
(Street)										^	•	lore than One Reporting Person
NEW YORK	NY	10017									1 of the filed by to	ore than one reporting reason
(City)	(State)	(Zip)										
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)				2. Amount Owned (Ins	of Securities Beneficially str. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)												
1. Title of Derivative Security (Instr. 4)		Expiratio	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underl Security (Instr. 4)				ion ise	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
		Date Exercisa	Expiration Date	Title		Amount or Number of Shares		ve	(mau. a)			

Explanation of Responses:

Remarks:

No securities are beneficially owned.

/s/ Jessica L.M.H. Epp, Attorney-in-Fact 10/24/2022

** Signature of Reporting Person

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

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.

^{*} 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).

EXHIBIT 24.1

POWER OF ATTORNEY

KNOW ALL BY THESE PRESENTS, that the undersigned hereby makes, constitutes and appoints Jessica L. M. H. Epp, Matthew J. Klaben and David Lope

(i) execute for and on behalf of the undersigned, in the undersigned's capacity as a director, director nominee, officer or beneficial owner

(ii) do and perform any and all acts for and on behalf of the undersigned which may be necessary or desirable to complete and execute any sucl

(iii) take any other action of any type whatsoever in connection with the foregoing which, in the opinion of such attorneys-in-fact, may be of

The undersigned hereby grants to such attorneys-in-fact full power and authority to do and perform any and every act and thing whatsoever requ:

This Power of Attorney shall remain in full force and effect until the undersigned is no longer required to file reports or schedules under Second Seco

By: Robert B. Knauss

Name: Robert B. Knauss Title: Director, Sotera Health Company