FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
-------------	------	-------

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL							
OMB Number: 3235-0287							
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).

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* DIMITRIEF ALEXANDER					2. Issuer Name and Ticker or Trading Symbol Sotera Health Co [SHC]								able)	g Perso	10% Ow Other (s	ner		
(Last) (First) (Middle) C/O SOTERA HEALTH COMPANY					3. Date of Earliest Transaction (Month/Day/Year) 11/07/2022					7	SVP, General Counsel and Sec.				:.			
9100 SOUTH HILLS BLVD, SUITE 300				L														
(Street) BROAD HEIGHT	(Н	44147		4. If Amendment, Date of Original Filed (Month/Day/Year)					6. Inc Line)	,							
(City)	(5	state)	(Zip)		Pelsui													
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
Date			2. Transact Date (Month/Day	Execution Date,		Transaction Disposed Of Code (Instr.		ties Acquired (A) or d Of (D) (Instr. 3, 4 a			5. Amoun Securities Beneficia Owned Fo Reported	s Form		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
							Code	v	Amount		(A) or (D)	Price	Transacti (Instr. 3 a	ion(s)			,iii3ti. 4)	
Common Stock, \$0.01 par value per share ("Common Stock") 11/0				11/07/2	7/2022		A		235,478 ⁽¹⁾		78 ⁽¹⁾ A S		235,478 ⁽²⁾			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/Ye	Code	saction e (Instr.	Derivative E		6. Date Exercisable an Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	e V	(A)		ate xercisab		xpiration ate	Title	or No	mount umber Shares		(Instr. 4)			
Stock Options	\$6.37	11/07/2022		A		602,387		(3)	1	1/07/2032	Com		02,387	\$0	602,387	7 ⁽³⁾	D	

Explanation of Responses:

- 1. These shares of Common Stock were granted pursuant to the terms of a restricted stock agreement under the Sotera Health Company 2020 Omnibus Incentive Plan ("2020 Incentive Plan") and remain subject to vesting conditions. 235,478 shares of unvested Common Stock will vest in two equal installments on each of October 31, 2023 and October 31, 2024, subject to the Reporting Person's continued service through each such date.
- 2. These securities remain subject to vesting conditions. 235,478 shares of unvested Common Stock will vest in two equal installments on each of October 31, 2023 and October 31, 2024, subject to the Reporting Person's continued service through each such date.
- 3. These options were granted on November 7, 2022, pursuant to the terms of a stock option agreement under the 2020 Incentive Plan. The options vest in two equal installments on each of October 31, 2023 and October 31, 2024, subject to the Reporting Person's continued service through each such date.

The Power of Attorney for Mr. Dimitrief is filed as an exhibit to the Form 3 filed on November 8, 2022, which is hereby incorporated by reference.

/s/ Jessica L. M. H. Epp, 11/09/2022 Attorney-in-Fact

** 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.