FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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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* BRONSON DAVID M						2. Issuer Name and Ticker or Trading Symbol CONMED CORP [CNMD]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
DICOIN	JON DA	VID IVI												X Directo	r		10% Ow	ner		
	C/O CONMED CORPORATION					3. Date of Earliest Transaction (Month/Day/Year) 06/01/2018								Officer below)	fficer (give title elow)		Other (s below)	pecify		
525 FRENCH ROAD							4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable					
(Street) UTICA NY 13502													X Form filed by One Reporting Person Form filed by More than One Reporting							
(City)	(City) (State) (Zip)														Person					
		Ta	ble I - Nor	n-Deriv	/ativ	re Se	curiti	es Ac	quired,	Dis	posed of	, or Ber	eficiall	y Owned						
1. Title of Security (Instr. 3) 2. Trans Date (Month//							2A. Deemed Execution Date, if any (Month/Day/Year)		, Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			5. Amour Securities Beneficia Owned F	s Illy ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Reported Transacti (Instr. 3 a	ported Insaction(s) str. 3 and 4)			(Instr. 4)		
Common Stock 06/01											2,167	2,167 A		9,4	9,406		D			
			Table II -								osed of, onvertib			Owned						
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/Yea	ate, Ti	ransa Code (saction Deriva Securi Acqui or Dis of (D) 3, 4 ar		ties red (A) posed (Instr.	6. Date Exercisabl Expiration Date (Month/Day/Year)		Amount of		of s og e Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transactio	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)		
				С	ode	v	(A)	(D)	Date Exercisa	ble	Expiration Date	Title	Amount or Number of Shares		(Instr. 4)					
Rsus (restricted Stock Units)	\$0	06/01/2018			М			2,167	06/01/20	18 ⁽¹⁾	06/01/2027	Common Stock	2,167	\$0	0		D			
Rsus (restricted Stock Units)	\$0	06/01/2018			A		1,629		06/01/20	19 ⁽¹⁾	06/01/2028	Common Stock	1,629	\$0	1,629)	D			
Options To Purchase Common Stock	\$69.03	06/01/2018			A		2,549		06/01/20	19 ⁽²⁾	06/01/2028	Common Stock	2,549	\$0	2,549)	D			

Explanation of Responses:

- 1. Each restricted stock unit ("RSU") represents a contingent right to receive one share of common stock, par value \$0.01 per share of ConMed Corporation (the "Company") and will be subject to the terms and conditions of the Company's 2016 Amended and Restated Non-Employee Director Equity Compensation Plan, with the RSUs generally vesting 100% after a one year period.
- 2. The incentive stock options ("ISOs") were granted under the Company's 2016 Amended and Restated Non-Employee Director Equity Compensation Plan and generally vest 100% after a one year period.

<u>Daniel S. Jonas for David M.</u> <u>Bronson by Power of Attorney</u>

06/04/2018

** 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.