FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APP | 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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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* POMILIO LUKE A | | | | 2. Issuer Name and Ticker or Trading Symbol CONMED CORP [CNMD] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | | |
| (Firs | st) (N | Middle) | | , , , | | | | |] ; | Office | Officer (give title below) | | er (specify | | | | | | |
| MED COR | P | | | | | | | | | | Vic | Vice President & Controller | | | | | | | |
| 525 FRENCH ROAD | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | | |
| | | | | | | | | | | | - 1 | , | filed by One | Reporting F | erson | | | | |
| NY | 1 | 3502-5994 | | | | | | | | | | Form | Form filed by More than One Reporting Person | | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | | | |
| | Table | e I - Non-Deriv | ative S | ecu | ıriti | es Ac | quire | d, Di | sposed o | f, or Be | neficial | y Owne | d | | | | | | |
| 1. Title of Security (Instr. 3) | | Date | Execution Da ear) if any | | tion Date, | | | | Disposed C | | | Securi Benefi Owned | ties cially I | Form: Direct (D) or Indirect (I) | of Indirect Beneficial Ownership | | | | |
| | | | | | | | Code | v | Amount | (A) or (D) | Price | Repor Transa | ted action(s) | (Instr. 4) | (Instr. 4) | | | | |
| Stock | | 02/23/20 | | | 1 | | | | 2,000 | A | \$26.38 | 10 | 0,632 | D | | | | | |
| Common Stock 02/23/201 | | 11 | | | F | | 1,521 | D | \$26.38 | 9,111 | | D | | | | | | | |
| Common Stock 02/24/2 | | 02/24/20 | .1 | | M | | 15,000 | A | \$26.009 | 24 | 4,111 | D | | | | | | | |
| Common Stock 02/24/201 | | | 11 | 1 | | | S | | 15,000 | D | \$26.009 | 94 9,111 | | D | | | | | |
| | | | | | | | | | | | | wned | | | | | | | |
| 2. Conversion or Exercise Price of Derivative Security | Conversion Date Series (Month/Day/Year) Derivative San Tansaction Date Execution Date, if any (Month/Day/Year) | | | 4. Transaction Code (Instr. I | | | 6. Date Exer Expiration D (Month/Day/ | | cisable and | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | derivative Securities Beneficial Owned Following Reported | Owner: Form: Direct or Indi (I) (Ins: | D) Beneficia Ownershi rect (Instr. 4) | | | | |
| | | | Code | v | (A) | (D) | Date Exerci | sable | Expiration Date | Title | Amount or Number of Shares | | | | | | | | |
| \$16.46 | 02/23/2011 | | M | | | 2,000 | (1 |) | 06/01/2019 | Common Stock | 2,000 | \$0 | 8,000 | D | | | | | |
| \$17.74 | 02/24/2011 | | M | | | 15,000 |) (2 | | | Common | 15,000 | \$ 0 | 0 | D | | | | | |
| | (First MED COR NCH ROAD NY (State of Network) (Instate of Network) (Stock Stock Stoc | (First) (N MED CORP NCH ROAD NY 1. (State) (Z Table ecurity (Instr. 3) Stock Sto | (First) | CON Stock O2/23/2011 Stock O2/24/2011 O | CONM 3. Date of 1 02/23/20 3. Date of 1 02/23/20 4. If Amend 4. If A | CONMED | CONMED COR Stock Decivative Conversion or Exercise Price of Derivative Conversion or Exercise Conversion or | CONMED CORP CONMED CORP | CONMED CORP CNM | CONMED CORP CNMD 3. Date of Earliest Transaction (Month/Day/Year) 02/23/2011 02/23/2 | COMMED CORP CNMD | COMMED CORP CNMD | Conversion Code Conversion Code Code | Check all applicable Condition Condi | Check all applicables 10% Chec | | | | |

Explanation of Responses:

- 1. The stock appreciation rights ("SARs") were granted under the Company's 1999 Amended and Restated Long-Term Incentive Plan and generally vest in equal amounts over a five year period.
- 2. 5 year vesting schedule, 20% vest each year starting 5/20/2004.

<u>Daniel S. Jonas for Luke A.</u> <u>Pomilio by Power of Attorney</u>

 $\underline{02/25/2011}$

** 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.