FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| 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

| Name and Address of Reporting Person* Cohen Heather L | | | | 2. Issuer Name and Ticker or Trading Symbol CONMED CORP [CNMD] | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner | | | | | | |
|--|--|--------------------|---------|--|---|-----|---|------|-----------------------------|---|-----------------------------|---|--|---------------------------|---|-------------------------|--------------------|---|
| (Last) | (Firs | et) (M PORATION | liddle) | | 3. Date of Earliest Transaction (Month/Day/Year) 02/27/2015 | | | | | | | | | below | r (give title) HR&DEP | UTY | Other (s below) | · |
| 525 FRENCH ROAD | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) UTICA | • | | | | | | | | | | | - 1 | Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | |
| (City) | (Sta | te) (Z | ip) | | | | | | | | | | | | | | | |
| | | Table | e I - N | on-Deriva | ative S | ecu | ırities | Acc | quired, Di | isp | osed o | f, or Bei | neficial | ly Owne | d | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day) | | | | Execution Date, | | | Transaction Dispose Code (Instr. and 5) | | ities Acqui d Of (D) (Ir | | Securit Benefic Owned | ies ially | Form (D) o Indir | n: Direct r ect (I) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | Code | v | Amount | (A) o | Price | Following Reported Transaction(s) (Instr. 3 and 4) | | (Instr. 4) | | (Instr. 4) | |
| | 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) | I. Title of Derivative Conversion Date Conversion Of Execution Date, Of Exercise (Month/Day/Year) If any | | | Transaction of | | | Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | у | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership | | |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | xpiration ate | Title | Amount or Number of Shares | | | | | |
| Rsus (restricted Stock Units) | \$0 | 02/27/2015 | | | A | | 3,100 | | (1) | 0: | 2/27/2025 | Common Stock | 3,100 | \$0 | 3,100 | | D | |
| Sars (Stock Appreciation Rights) | \$51.3 | 02/27/2015 | | | A | | 21,000 | | (2) | 0: | 2/27/2025 | Common Stock | 21,000 | \$0 | 21,000 | | 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 1999 Amended and Restated Long-Term Incentive Plan and generally vest in equal amounts (25%) over a four year period.
- 2. 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 (20%) over a five year period.

<u>Daniel S. Jonas for Heather L.</u> <u>Cohen by Power of Attorney</u> 03/03/2015

** 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.