FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number: 3235-028										
Estimated average burden										
hours per response	e: 0.5									

	tion 1(b).			Filed							rities Exchar Company Act					nours	per res	sponse.	0.5
Name and Address of Reporting Person* Hartman Curt R					2. Issuer Name and Ticker or Trading Symbol CONMED Corp [CNMD]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner					
(Last) (First) (Middle) C/O CONMED CORP				3. Date of Earliest Transaction (Month/Day/Year) 06/03/2021									X	below	,	Other (specify below) EO and Chair			
11311 CONCEPT BOULEVARD (Street)					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(City)	FL (Sta		3773 Zip)											X	Form filed by One Reporting Person Form filed by More than One Reporting Person				
	`			lon-Deriva	tive :	Secui	rities	Ac	quire	ed, Di	sposed o	of, or	Benefic	ially	Own	ed			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye				Execution D		n Date, Tr Cay/Year) 8)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an			nd 5) Secu Bene Own		cially d Following	6. Ownership Form: Direct (D) or Indirect (I)		7. Nature of Indirect Beneficial Ownership	
								ode	v	Amount	(A) or (D)	Price		Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		(Instr. 4)	
Common Stock 06/03/202					s 42,347 D \$13		\$132.0	87(1)	67,480			D							
		Tal	ole I	I - Derivati (e.g., pu							posed of converti				wne	d			
1. Title of Derivative Security (Instr. 3)	titve or Exercise (Month/Day/Year) Execution Date, if any (Month/Day/Year) Trans Code (Month/Day/Year) Security Execution Date, if any (Month/Day/Year) Security Execution Date, if any (Month/Day/Year) Security Execution Date, if any (Month/Day/Year) Execution Date				Transa Code	(Instr.	5. Numof Derive Security Acquired (A) or Disposof (D) (Instr. and 5	ative rities ired osed	Expiration Date (Month/Day/Year)			Amo Secu Unde Deriv Secu 3 and	cle and unt of unt of unities erlying vative unity (Instr. d 4) Amount or Number of Shares	ınt per				10. Ownership Form: Direct (D) Or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)

Explanation of Responses:

1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$132.00 to \$132.83. Full information regarding the number of shares sold at each separate price will be provided upon request of the Commission staff, CONMED, or a CONMED security holder.

/s/ Sarah M. Oliker for Curt R.

Hartman by Power of

06/04/2021

<u>Attorney</u>

** 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.