FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
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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).

## 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*     Jones Gregory Renard					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				
	(First) (Middle) NMED CORPORATION					3. Date of Earliest Transaction (Month/Day/Year) 06/01/2009								X Officer (give title Other (specify below) Vice President-Corporate QA/RA			
525 FRE	NCH ROAL	)			4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) UTICA	NY	1:	3502												iled by One Re iled by More th		
(City)	(Sta	ite) (Z	ip)														
		Table	e I - No	on-Deriv	ative S	ecu	rities	Acc	uired, D	ispo	sed of	f, or Bei	neficial	ly Owned	t		
1. Title of Security (Instr. 3)  2. Transact Date (Month/Day					Execution Date,			,	3. Transacti Code (Ins 8)	on 📗	4. Securities Acquired ( Disposed Of (D) (Instr. 3 and 5)			5. Amou Securiti Benefic Owned Followi	es Fo ially (D)	m: Direct or irect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
								Code	v .	Amount	(A) o (D)	Price	Reporte Transac (Instr. 3	ed etion(s)	str. 4)	(11150: 4)	
			Table						uired, Dis , options,					wned			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed on Date, /Day/Year)	4. Transaction Code (Instr 8)		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title ar Amount of Securities Underlyin Derivative Security ( and 4)	of s ng	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4)	Beneficial Ownership
					Code	v	(A)	(D)	Date Exercisabl		piration te	Title	Amount or Number of Shares				
Rsus (restricted Stock Units)	\$0	06/01/2009			A		7,500		(1)	06/	/01/2019	Common Stock	7,500	\$0	7,500	D	
Rsus					A		4,000		(2)	06/	/01/2019	Common	4,000	\$0	4,000	D	
(restricted Stock Units)	\$0	06/01/2009			A		,,,,,			00/	/01/2019	Stock	4,000		1,000	D 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 2006 Stock Incentive Plan, with the RSUs vesting in equal amounts over a ten year period
- 2. 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, with the RSUs generally vesting over a five year period with the first 20% of the RSU's vesting one year after the grant date.
- 3. 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.

<u>Daniel S. Jonas for Gregory R.</u> <u>Jones by Power of Attorney</u> <u>06/03/2009</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.