FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington, I	D.C. 20549
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gton, D.C. 20549	OMB APPROVAL

	OMB Number:	3235-0287
	Estimated average burd	en
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Check this box if no longer subject to	ı
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* <u>Aronson Martha Goldberg</u>																elationship o eck all applic Director	able)	ng Person(s) to Issue		
	NMED CO	irst) RPORATION	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 06/01/2018									Officer below)	(give title	Other (spe below)		pecify	
525 FRENCH ROAD (Street) UTICA NY 13502 (City) (State) (Zip)					4. 1	If Ame	ndment	of Original Filed (Month/Day/Year)					Line) 【 Form fi	led by One led by More	Filing (Check App Reporting Person than One Report		n		
				,												. 5.55				
1. Title of Security (Instr. 3)				2. Transa Date (Month/I	actio	n	2A. Deemed Execution Date, if any (Month/Day/Year)		, 3	3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			(A) or	5. Amoun Securities Beneficia	5. Amount of Securities Beneficially Owned Following		Direct II	7. Nature of Indirect Beneficial Ownership
							,		(Code	v	Amount		A) or D)	Price	Reported Transacti (Instr. 3 a	ion(s)			(Instr. 4)
Common Stock				06/01	5/01/2018					M		2,167		Α	\$ <mark>0</mark>	5,9	906		D	
			Table II - I									sed of, o				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 Da if any (Month/Day/Y	Co	ansa ode (I	ction nstr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisa Expiration Date (Month/Day/Yea			7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported	is Ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				Co	ode	v	(A)	(D)	Date Exe	e ercisabl		Expiration Date	Title		Amount or Number of Shares		Transaction(s (Instr. 4)			
Rsus (restricted Stock Units)	\$0	06/01/2018		1	M			2,167	06/0	01/2018	(1)	06/01/2027	Com		2,167	\$0	0		D	
Rsus (restricted Stock Units)	\$0	06/01/2018			A		1,629		06/0	01/2019	(1)	06/01/2028	Com		1,629	\$0	1,629		D	
Options To Purchase Common	\$69.03	06/01/2018			A		2,549		06/0	01/2019	(2)	06/01/2028	Com Sto		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.

/s/ Daniel S. Jonas for Martha Goldberg Aronson by Power of 06/04/2018 Attorney

** 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.