FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APP	OMB APPROVAL								
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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

					0.000		33(11)	0			npany / tot	0						
Name and Address of Reporting Person* GOLDEN JO ANN						2. Issuer Name and Ticker or Trading Symbol CONMED CORP [CNMD]								Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last)	(Firs	st) (N	/liddle)		3. Dat 10/28			est Tran	saction (M	lonth	/Day/Year)			Officer (give title Other (specify below)				
C/O CONMED CORP 525 FRENCH ROAD					4. If Amendment, Date of Original Filed (Month/Day/Year)								Line	6. Individual or Joint/Group Filing (Check Applicable Line)				
(Street) UTICA NY 13502-5994						X Form filed by One Reporting Person Form filed by More than One Reporting Person												
(City)	(Sta	ate) (Z	ip)															
		Table	e I - N	lon-Deriv	ative S	Sec	uriti	es Ac	quired,	Dis	posed of	f, or Be	neficial	ly Owne	d			
ם			2. Transaction Date (Month/Day/Year)		Execution Date,		Transaction D		4. Securities Acquired (A Disposed Of (D) (Instr. 3, and 5)			Securit Benefic Owned	ies ially	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	nt (A) or (D)		Reporte Transa	Following (In Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)	
Common Stock 10/28					011			M		500 A \$		\$16.4	6 6	6,078				
Common Stock 10/28					011			F	Г	318	D	\$25.9	5,760		D			
Common Stock 10/28/2				011			M		1,000	A	\$19.2	6 6	6,760					
Common Stock 10/28/20)11			F		743	D	\$25.9	4 6	6,017				
			Tabl	le II - Deriv (e.g.,							sed of, o			wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transa Code (I 8)			6. Date Exercisal Expiration Date (Month/Day/Year		e Amount of		of s ng e	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owners Form: Direct (I or Indir (I) (Instr	Beneficial Ownershi ect (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares					
Sars (Stock Appreciation Rights)	\$16.46	10/28/2011			M			500	(1)		06/01/2019	Common Stock	500	\$0	1,500	D		
Sars (Stock Appreciation Rights)	\$19.26	10/28/2011			M			1,000	06/01/2011	1(2)	06/01/2020	Common Stock	1,000	\$0	0	D		
				_			_				_	_	_	_	_			

Explanation of Responses:

- 1. The stock appreciation rights ("SARs") were granted under the Company's 2007 Non-Employee Director Equity Compensation Plan, with the SARs generally vesting 20% per year over a five year period, with any unvested SARs to vest upon the Director's termination of service provided the Director has completed one full year of service since the date of the award in which case the SARS shall be exercisable at any time prior to the expiration date of the SAR or within one year after the date of such termination, whichever period is shorter.
- 2. The stock appreciation rights ("SARs") were granted under the Company's 2007 Amended and Restated Non-Employee Director Equity Compensation Plan, with the SARs generally vesting 100% after a one year period.

Daniel S. Jonas for Jo Ann Golden by Power of Attorney 11/01/2011

** 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.