П

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:	0.5								

-1

IF.

Instruc	tion 1(b).			Fil	led pu o	rsuant to or Section	o Sect n 30(h	ion 16 1) of th	(a) of th e Inves	ne Sec stment	urities Excha Company Ac	nge Act t of 1940	of 1)	934					
1. Name and Address of Reporting Person [*] <u>Pelletier Johonna Marie</u>						2. Issuer Name and Ticker or Trading Symbol <u>CONMED CORP</u> [CNMD]								neck all appli Direct	cable)	1		wner	
	(Last) (First) (Middle) C/O CONMED CORPORATION 525 FRENCH ROAD					3. Date of Earliest Transaction (Month/Day/Year) 11/23/2020								X Office below	specify				
(Street) UTICA (City)	N (S		13502 (Zip)	2	_ 4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. I Lin	e) X Form Form	vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Tab	le I -	Non-Deri	vativ	ve Sec	uriti	es A	cquir	ed, D	Disposed	of, or I	Ве	neficia	lly Owne	t			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Y					Execution I		ate,	3. Transaction Code (Instr. 8)						Securit Benefic Owned	5. Amount of Securities Beneficially Owned Following Reported		r Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) or (D)	Pr	ice	Transa	Transaction(s) (Instr. 3 and 4)			(1150.4)
Common	Stock			11/23/20)20				М		7,600	A		\$39.87	0.87 11,481		D		
Common	Stock			11/23/20)20				S		7,600	D	\$	103 . 395	3.3951 ⁽¹⁾ 3,881 D			D	
Common	Stock			11/23/20	020		м 3,000 А \$41.93 6,881				D								
Common	Stock			11/23/20	020				S		3,000	D	\$	103.2143	3 ⁽²⁾ 3	3,881 D			
		T	able								sposed of s, convert				/ Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu if any	eemed ution Date, / th/Day/Year)		saction e (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exe Expiration (Month/Day			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		f g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly Dire or In (I) (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
1						1					1	1		amount	1	1			1

Common Stock

\$39.87

\$41.93

11/23/2020

11/23/2020

Options To Purchase

Common Stock Options To Purchase

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 \$103.17 to \$103.44. 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.

Date Exercisable

(3)

(3)

Expiration Date

03/01/2026

03/01/2027

Title

Commor Stock

Comm

Stock

2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$103.13 to \$103.27. 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.

3. The stock options were granted under the Company's 2015 Amended and Restated Long-Term Incentive Plan and generally vest in equal amounts over a five year period

(A) (D)

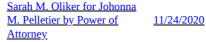
7,600

3,000

Code V

Μ

Μ



Number

of Shares

7,600

3,000

\$<mark>0</mark>

\$<mark>0</mark>

1,900

7,000

D

D

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 \ast 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.