Common Stock

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FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

	OMB APPROVAL
- 1	

1,923

1,785

Reported

Transaction(s) (Instr. 3 and 4)

OMB Number: 3235-0287 Estimated average burden hours per response: 0.5

> Ownership (Instr. 4)

D

D

### 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

1. Name and Address of Reporting Person* Peters Stanley W III				er Name <b>and</b> Ticker IMED CORP		,		tionship of Reportin all applicable) Director	g Person(s) to Is		
(Last) (First) (Middle) C/O CONMED CORPORATION 525 FRENCH ROAD				of Earliest Transac /2019	ction (Month/C	Day/Year)	X	Officer (give title Other (specify below) below)  VP GM Advanced Surgery			
(Street) UTICA NY 13502 (City) (State) (Zip)			4. If An	nendment, Date of (	Original Filed	(Month/Day/Year)	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Table I - No	n-Derivative S	ecurities Acq	uired, Dis <sub>l</sub>	oosed of, or Benefi	cially	Owned			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities Acquired (A) Disposed Of (D) (Instr. 3,		5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership	

Code

M

F

#### 03/01/2019 425 M A \$0 2,210 D 03/01/2019 F 126 D \$78.76 2,084 D

Amount

400

138

(A) or (D)

A

D

Price

\$0

\$78.76

## Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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 ( 8)		n of		6. Date Exerc Expiration Da (Month/Day/\)	ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Options To Purchase Common Stock	\$78.76	03/01/2019		A		32,000		(1)	03/01/2029	Common Stock	32,000	\$0	32,000	D	
Rsus (restricted Stock Units)	\$0	03/01/2019		М			400	(2)	02/27/2025	Common Stock	400	\$0	0	D	
Rsus (restricted Stock Units)	\$0	03/01/2019		M			425	(3)	03/01/2026	Common Stock	425	\$0	425	D	

### **Explanation of Responses:**

1. The stock options were granted under the Company's 2018 Long-Term Incentive Plan and generally vest in equal amounts over a five year period

03/01/2019

03/01/2019

- 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 and generally vest in equal amounts (25%) over a four year period.
- 3. 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 2015 Amended and Restated Long-Term Incentive Plan and generally vest in equal amounts (25%) over a four year period.

/s/ Daniel S. Jonas for Stanley

W. Peters III by Power of

03/05/2019

<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.