Instruction 1(b)

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

Vashington,	D.C.	20549
-------------	------	-------

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
houre per reenonce.	0.5							

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Farkas (Last)	1. Name and Address of Reporting Person* Farkas Charles (Last) (First) (Middle) C/O CONMED CORPORATION					Susuer Name and Ticker or Trading Symbol CONMED CORP [CNMD] 3. Date of Earliest Transaction (Month/Day/Year) 06/01/2020								eck all application	able)	g Pers	Person(s) to Issuer 10% Owner Other (specify below)		
525 FRE (Street) UTICA (City)		Y state)	13502 (Zip)	Davis					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					
1. Title of Security (Instr. 3) 2. Trans Date				2. Transa Date	2A. Deemed Execution Date, if any (Month/Day/Year)			Code (Instr. 5)			i (A) or	5. Amount of Securities Beneficially Owned Following Reported		Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)			
Cons								Code	v	Amount	(A) or (D)	Price	(Instr. 3 a			<u></u>			
Common Stock 06/01/2020 M 1,407 A Table II - Derivative Securities Acquired, Disposed of, or Ber								A	\$0	16,9	910		D						
											onvertib			Ownea					
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/	Co	ransaction ode (Instr.		Derivative		6. Date Exercisa Expiration Date (Month/Day/Year			7. Title an Amount o Securities Underlyin Derivative (Instr. 3 an	f g Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio	Owne Form Direct or Ind (I) (Ins	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Co	Code V		(A)		Date Exercisab		Expiration Date	Title	Amount or Number of Shares		(Instr. 4)	on(s)			
Rsus (restricted Stock	\$0	06/01/2020		N	И			1,407	06/01/202	o(1)	06/03/2029	Common	1,407	\$0	0		D		
Units)				`	_					0(1)		Stock							
	\$0	06/01/2020			A		1,521		06/01/202	\dashv	06/01/2030	Stock Common Stock	1,521	\$0	1,521	1	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. 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 2020 Amended and Restated Non-Employee Director Equity Compensation Plan, with the RSUs generally vesting 100% after a one year period.
- 3. The stock options were granted under the Company's 2020 Amended and Restated Non-Employee Director Equity Compensation Plan and generally vest 100% after a one year period.

Sarah M. Oliker for Charles Farkas by Power of Attorney

06/03/2020

** 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.