FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Machinaton	$D \subset$	20540
Vashington,	D.C.	20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

Check this box if no longer subject to 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

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1. Name and Address of Reporting Person*  Workman John L						2. Issuer Name <b>and</b> Ticker or Trading Symbol CONMED Corp [ CNMD ]											Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director 10% Owner					
(Last)	.ast) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 06/01/2023										(give title		Other (s below)			
C/O CONMED CORPORATION 11311 CONCEPT BOULEVARD					4. If <i>i</i>	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) LARGO FL 33773						X Form filed by One Reporting Person Form filed by More than One Reporting Person																
(City)	(S	tate)	(Zip)		l.,	Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Institute 10b5-1(c).																
		Tab	le I - Nor	า-Deriv	ative	Se	curitie	s A	cquired	, Di	ispo	sed o	f, or	Ben	eficial	ly Owne	t					
Dat					Day/Year) i		2A. Deemed Execution Date if any (Month/Day/Yea		Code (Instr.		on	4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)				Benefici Owned	es ally Following	Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership		
						Code	e V		Amount (A) or (D)			Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)					
Common Stock 06/01/						/2023		М			335 A		\$0	20	20,110		D					
		7	able II -						quired, s, optio							Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transactio Code (Insti 8)				6. Date Exerc Expiration D (Month/Day/		ate		7. Title and Amount of Securities Underlying Derivative Sed (Instr. 3 and 4			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership t (Instr. 4)		
				,	Code	v	(A)	(D)	Date Exercisa	ole	Exp Dat	piration te	Title		Amount or Number of Shares							
Rsus (restricted Stock Units)	\$0	06/01/2023			М			335	06/01/202	:3 <sup>(1)</sup>	06/	01/2032	Com		335	\$0	0		D			
Rsus (restricted Stock Units)	\$0	06/01/2023			A		302		06/01/202	4 <sup>(1)</sup>	06/	01/2033	Com		302	\$0	302		D			
Options To Purchase Common	\$123.79	06/01/2023			A		2,826		06/01/202	4 <sup>(2)</sup>	06/	01/2033	Com		2,826	\$0	2,826		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 2020 Amended and Restated Non-Employee Director Equity Compensation Plan, with the RSUs generally vesting 100% after a one year period.
- 2. 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.

Daniel S. Jonas for John L. Workman by Power of Attorney

\*\* Signature of Reporting Person

06/02/2023

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.