FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average burden									
- 1	l .									

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 or Section 30(h) of the Investment Company Act of 1940

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1. Name and Address of Reporting Person*  Cohen Heather L						2. Issuer Name and Ticker or Trading Symbol CONMED Corp [ CNMD ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  X Officer (give title Other (specify below)  EVP & Chief HR & Legal Officer					
(Last) (First) (Middle) C/O CONMED CORPORATION						3. Date of Earliest Transaction (Month/Day/Year) 03/08/2024													
11311 CONCEPT BOULEVARD						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)			Rule 10b5-1(c) Transaction Indication  Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Tah	la I - No	n-Doriy											ı				
Date				2. Transa	action		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securiti	es Acquire Of (D) (Inst	d (A) or	5. Amou Securitie Benefici Owned F	nt of es ally Following	Form (D) o	: Direct	7. Nature of Indirect Beneficial Ownership	
					,		Code	v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3	tion(s)			(Instr. 4)			
Common Stock 03/08						2024		М		27,500 A		\$59.9	5 56	56,870		D			
Common Stock 03/0						2024			F		22,258	B D	\$85.42	5 34	34,612		D		
Common Stock 03/08/2					/2024	2024			M		25,000	) A	\$78.7	5 59	59,612		D		
Common Stock 03/08/2					2024		F		23,847	D D	\$85.22	25 35,765			D				
		-	Table II -								osed of, convertil			Owned					
1. Title of Derivative Security (Instr. 3)	ive Conversion Date Execu y or Exercise (Month/Day/Year) if any		3A. Deemo Execution if any (Month/Da	Date,	4. Transaction Code (Instr. 8)				6. Date Exercis Expiration Dat (Month/Day/Ye		e	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	e V (A) (D) Date Exerc		Date Exercisa		Expiration Date	Title	Amount or Number of Shares							
Options To Purchase Common Stock	\$59.96	03/08/2024			М			27,500	(1)		03/01/2028	Common Stock	27,500	\$0	0		D		
Options To Purchase	\$78.76	03/08/2024			M			25,000	(2)		03/01/2029	Common	25,000	\$0	0		D		

## Explanation of Responses:

Common

- 1. 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.
- 2. 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

Heather L. Cohen

Common Stock

03/11/2024

\*\* Signature of Reporting Person

Date

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

 $^{\star}$  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.