## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL 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).

## 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 <sup>*</sup> Workman John L						2. Issuer Name and Ticker or Trading Symbol CONMED CORP [ CNMD ]								elationship ck all applic Directo	able)	ng Pers	son(s) to Iss 10% Ow		
(Last)	, , , , , , ,					3. Date of Earliest Transaction (Month/Day/Year) 06/01/2016								Officer below)	(give title		Other (sj below)	pecify	
C/O CONMED CORPORATION 525 FRENCH ROAD						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) UTICA NY 13502													X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(State) (Zip)																		
		Tab	le I - N	on-Deriv	ative	Sec	uritie	s Acc	uired, [	Disp				y Owned	l				
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day				y/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)				ed (A) or str. 3, 4	5. Amou Securitie Benefici Owned Followir	es ally	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		. Nature f Indirect Seneficial Ownership Instr. 4)		
									Code	v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3	d tion(s)	(insu	. 4)	insu: 4)	
Common	2016	016			М		3,000	Α	\$ <mark>0</mark>	7,500		D							
			Tabl	le II - Deri (e.a.							sed of, or nvertible			vned					
1. Title of Derivative Security (Instr. 3)		3. Transaction Date (Month/Day/Year)	if any	med on Date,	4. Transac Code (Ir 8)	tion	5. Number ion of		6. Date Exercisable and Expiration Date (Month/Day/Year)		able and 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 Beneficially Owned Following Reported Transaction (Instr. 4)	e s Ily g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares						
Rsus (restricted Stock Units)	\$0	06/01/2016			М			3,000	06/01/201	6	07/01/2025	Common Stock	3,000	\$0	0		D		
Options To Purchase Common Stock	\$41.06	06/01/2016			Α		5,396		06/01/2017	(1)	06/01/2026	Common Stock	5,396	\$0	5,396	5	D		

## Explanation of Responses:

1. The incentive stock options ("ISOs") were granted under the Company's 2016 Amended and Restated Non-Employee Director Equity Compensation Plan and generally vest 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 2016 Amended and Restated Non-Employee Director Equity Compensation Plan, with the RSUs generally vesting 100% after a one year period.



\*\* Signature of Reporting Person Date

06/03/2016

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.