FORM 4

Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

Check this box if no longer subject to

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** 3235-0287 Estimated average burden hours per response 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

1. Name and Address of Reporting Person* <u>Aronson Martha Goldberg</u>							2. Issuer Name and Ticker or Trading Symbol CONMED CORP [ CNMD ]								ck all applica Director	rector		10% Ow	ner
(Last) (First) (Middle) C/O CONMED CORPORATION 525 FRENCH ROAD					05	3. Date of Earliest Transaction (Month/Day/Year) 05/31/2019  4. If Amendment, Date of Original Filed (Month/Day/Year)									below)	(give title	Filing	Other (s below)	
(Street) UTICA NY 13502														Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
(City)	(S	tate)	(Zip)																
Table I - Non-Deriv  1. Title of Security (Instr. 3)  2. Trans Date (Month/I					sactio	n (ear)	2A. Deemed Execution Date, if any (Month/Day/Year		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			or 5. Amour Securitie Beneficia Owned F		lly ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) (D)	r Pr	ice	Reported Transaction (Instr. 3 and	on(s)		[	(Instr. 4)
Common Stock 05/31						/2019			М		1,629	A		\$ <mark>0</mark>	7,535		D		
			Table II -								osed of, o				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	ate, T	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisa Expiration Date (Month/Day/Yea		!	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		urity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				c	Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nui of	ount mber ares		Transaction(s) (Instr. 4)			
Rsus (restricted Stock Units)	\$0	05/31/2019			М			1,629	06/01/20	19 <sup>(1)</sup>	06/01/2028	Commo Stock	n 1,	629	\$0	0		D	
Rsus (restricted Stock Units)	\$0	06/03/2019			A		1,407		06/01/20	20 <sup>(1)</sup>	06/03/2029	Commo Stock	n 1,	407	\$0	1,407	,	D	
Options To Purchase	\$79.94	06/03/2019			A		2,165		06/01/20	20 <sup>(2)</sup>	06/03/2029	Commo Stock	n 2,	165	\$0	2,165		D	

## **Explanation of Responses:**

Stock

- 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. 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.

/s/ Sarah M. Oliker for Martha Goldberg Aronson by Power of 06/04/2019 Attorney

\*\* 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.