FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APF	PROVAL							
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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

Name and Address of Reporting Person* GOLDEN JO ANN					CO	2. Issuer Name and Ticker or Trading Symbol CONMED CORP [CNMD]											olicable)	ng Pe	Person(s) to Issuer	
(Last)	(Fir	,	(Middle)				3. Date of Earliest Transaction (Month/Day/Year) 06/12/2015									Officer (give title below)			Other below)	(specify
C/O CONMED CORP 525 FRENCH ROAD					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
(Street) UTICA	NY 13502-5994													Form filed by More than One Reporting Person						
(City)	(Sta	ate) (Z	ľip)																	
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/					y/Year)	Execution Date,		_				ities Acquired (A d Of (D) (Instr. 3				5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount		(A) or (D)	Price	,	Reported Transaction(s) (Instr. 3 and 4)		(5	4,	(111541. 4)
Common Stock 06/12/20					015)15			S		390		D	\$56		17,653			D	
Common Stock 06/12/2				015				S		610		D	\$56.05		17,043			D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Executification if any	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		er /e es d d	6. Date Exercisa Expiration Date (Month/Day/Yea		te	7. Title and Amount of Securities Underlying Derivative Security (Inst 3 and 4)		g nstr.	Sec	ivative urity tr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	, G	IO. Dwnership Form: Direct (D) or Indirect I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A) (D)	Date Exercisal		Expiration Date	Titl	or Nu of	mber ares						

Explanation of Responses:

<u>Daniel S. Jonas for Jo Ann</u> Golden by Power of Attorney

06/15/2015

** Signature of Reporting Person Date

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

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.

 $^{^{\}star}$ 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).