FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL             |           |  |  |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number:              | 3235-0287 |  |  |  |  |  |  |  |  |
| Estimated average burden |           |  |  |  |  |  |  |  |  |

0.5

hours per response:

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*  TRYNISKI MARK E                     |   |  |  |   | 2. Issuer Name and Ticker or Trading Symbol  CONMED CORP [ CNMD ] |  |     |                                   |                                    |  |                       |                 | (Ch                                    | elationship of eck all applications X               | able)   | Reporting Person(s) to Issuer<br>ble)<br>10% Owner |  |  |  |
|---|---|--|--|---|---|--|-----|-----------------------------------|------------------------------------|--|-----------------------|-----------------|--|---|---|--|--|--|--|
| (Last)<br>1964 PEN  | (Firs   | ,  | 1iddle)                                    | 3. Date of Earliest Transaction (Month/Day/Year) 05/24/2019 |   |  |     |                                   |                                    |  |                       |                 | Officer<br>below)                      | (give title   |   | Other (s<br>below)                                 | pecify   |  |  |
| (Street) BALDWINSVILLE NY 13027 (City) (State) (Zip)                          |   |  |  |   |   | 4. If Amendment, Date of Original Filed (Month/Day/Year)                   |     |                                   |                                    |  |                       |                 |  | e)<br>X Form fi<br>Form fi<br>Person                | lividual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person |  |  |  |  |
| Table I - Non-Deriv  1. Title of Security (Instr. 3)  2. Transa Date (Month/L |   |  |  | action  | 2A<br>Ex<br>r) if a   | curities Acq<br>P.A. Deemed<br>Execution Date,<br>f any<br>Month/Day/Year) |     | 3.<br>Transaction<br>Code (Instr. |                                    | 4. Securities Acquired (A)<br>Disposed Of (D) (Instr. 3, 4 |                       | d (A) or        | 5. Amount of                           |   | Form<br>(D) or  | : Direct I<br>r Indirect I<br>str. 4)              | 7. Nature of<br>ndirect<br>Beneficial<br>Dwnership                       |  |  |
|   |   |  |  |   |   |  |     | ┸                                 | Code                               | v  | Amount                | (A) or<br>(D)   | Price                                  | Transact<br>(Instr. 3 a                             | ion(s)  |  |  | (Instr. 4)                               |  |
| Common Stock 05/24/   |   |  |  |   | /2019   |  |     | M                                 |                                    | 2,500  | 00 A \$               |                 | 38,614                                 |   | D   |  |  |  |  |
| Common Stock 05/24  |   |  |  | /2019   |   |  | F   |                                   | 506                                | D  | \$81.4                | 38,             | 38,108                                 |   | D   |  |  |  |  |
|   |   | Ta   |  |   |   |  |     |                                   |                                    |  | osed of,<br>convertib |                 |  | Owned   |   |  |  |  |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                           | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deen<br>Executio<br>if any<br>(Month/D | n Date,   | Code (In:   |  |     |                                   | 6. Date E<br>Expiratio<br>(Month/D | n Dat  |                       |                 | f<br>g<br>Security                     | 8. Price of<br>Derivative<br>Security<br>(Instr. 5) | 9. Number<br>derivative<br>Securities<br>Beneficial<br>Owned<br>Following<br>Reported<br>Transactic<br>(Instr. 4)                   | ly   | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>ct (Instr. 4) |  |
|   |   |  |  |   | Code  | v  | (A) | (D)                               | Date<br>Exercisa                   |  | Expiration<br>Date    | Title           | Amount<br>or<br>Number<br>of<br>Shares |   |   |  |  |  |  |
| Sars (Stock<br>Appreciation<br>Rights)  | \$16.46   | 05/24/2019                                 |  |   | M   |  |     | 2,500                             | (1)                                |  | 06/01/2019            | Common<br>Stock | 2,500                                  | \$0   | 0   |  | D  |  |  |

## **Explanation of Responses:**

1. The stock appreciation rights ("SARs") were granted under the Company's 2007 Non-Employee Director Equity Compensation Plan, with the SARs generally vesting 20% per year over a five year period, with any unvested SARs to vest upon the Director's termination of service provided the Director has completed one full year of service since the date of the award in which case the SARS shall be exercisable at any time prior to the expiration date of the SAR or within one year after the date of such termination, whichever period is shorter.

> Daniel S. Jonas for Mark E. Tryniski by Power of Attorney

05/28/2019

\*\* 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.