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

Name and Address of Reporting Person Kuyper Dirk				<u>CO</u>	2. Issuer Name and Ticker or Trading Symbol CONMED CORP [CNMD]							(Che	Relationship of Repo (Check all applicable) X Director			orting Person(s) to Iss 10% Ow			
(Last)	(First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 06/01/2016								Officer below)	Officer (give title below)		Other (s below)	pecify	
C/O CONMED CORPORATION 525 FRENCH ROAD				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) UTICA	N	Y	13502											X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate) ((Zip)																
		Tab	le I - N	on-Deri	vative S	Sec	uritie	s Ac	quired, [Disp	osed of	, or Ber	neficial	ly Owned	l				
Date				2. Transa Date (Month/D	Exe ay/Year) if ar		A. Deemed xecution Date, any Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired Disposed Of (D) (Instr. and 5)			Securitie Benefici Owned			: Direct of I	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)	Price	Followir Reported Transact (Instr. 3	d tion(s)	(Instr. 4)		Instr. 4)	
Common Stock 06/01					2016	.016		M		3,000	A	\$0	9,000		D				
			Tabl								sed of, or nvertible			wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Dee Execution if any (Month/	med	4. Transaction Code (Instr. 8)		5. Number on of		6. Date Exercise Expiration Date (Month/Day/Year		able and	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally 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	16	06/01/2025	Common Stock	3,000	\$0	0		D		
Options To Purchase Common Stock	\$41.06	06/01/2016			A		5,396		06/01/2017	7(1)	06/01/2026	Common Stock	5,396	\$0	5,396	5	D		
Rsus (restricted Stock Units)	\$0	06/01/2016			A		2,739		06/01/2017	7(2)	06/01/2026	Common Stock	2,739	\$0	2,739		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.

<u>Daniel S. Jonas for Dirk</u> <u>Kuyper by Power of Attorney</u>

06/03/2016

** 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.