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* Workman John L					2. Issuer Name and Ticker or Trading Symbol CONMED CORP [CNMD]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
`	,	liddle)		3. Date of Earliest Transaction (Month/Day/Year) 07/01/2015									А	Office	r (give title	Other (sp		
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)					
NY	1:	3502											X	Form	filed by More		•	
(Sta	te) (Z	ip)																
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
Date					Execu (/Year) if any			Transaction Dis			osed Of (D) (Instr.		3, 4 Securi Benefi Owned		ies cially	Form (D) o Indir	n: Direct r ect (I)	7. Nature of Indirect Beneficial Ownership
							Code	v	Amount	mount (A) or (D)		ice	Report Transa	eported ransaction(s)		7. 4)	(Instr. 4)	
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
Derivative Conversion Date Security or Exercise (Month/Day/Year)			on Date,	4. Transaction Code (Instr. 8)		Number		Expiration I		Amount of Securities Underlying Derivative		of De Se (In	erivative ecurity	derivative Securities Beneficially Owned Following Reported	, I	Ownership Form: Direct (D) or Indirect (I) (Instr.	Beneficial Ownership	
				Code	v	(A)	(D)	Date Exercisable			Title	or Numb of	er					
\$0	07/01/2015			A		3,000		06/01/2016	07/	/01/2025	Common Stock	3,00	0	\$0	3,000		D	
\$58.74	07/01/2015			A		1,000		06/01/2016	07/	/01/2025	Common Stock	1,00	0	\$0	1,000		D	
	2. Conversion or Exercise Price of Derivative Security	an John L (First) (N IMED CORPORATION NCH ROAD NY 1: (State) (Z Table Gecurity (Instr. 3) Ta 2. Conversion or Exercise Price of Date (Month/Day/Year) Derivative Security \$0 07/01/2015	(First) (Middle) MMED CORPORATION NCH ROAD NY 13502 (State) (Zip) Table I - Note and the security (Instr. 3) Table II - Note and the security (Month/Day/Year) \$0 07/01/2015	(First) (Middle) IMED CORPORATION NCH ROAD NY 13502 (State) (Zip) Table I - Non-Derivative Security (Instr. 3) 2. 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Explanation of Responses:

Daniel S. Jonas for John L. Workman by Power of Attorney

07/02/2015

** 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.

^{*} 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).