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* CORASANTI EUGENE R | | | | | | Issuer Name and Ticker or Trading Symbol CONMED CORP [CNMD] Date of Earliest Transaction (Month/Day/Year) | | | | | | | | | | | all app | | 10% O | wner | | |
|--|--|--|--|---------------------------------|---------------------------------------|--|---|-----|-------------|-------------------------------------|---------------|----------------|---|--|---------------------------------------|------------------------|--|---|--|---|--|--|
| (Last) | (Fi | · · | Middle) | | | 05/17/2012 | | | | | | | | | | | Officer (give title below) | | | Other (below) | (specify | |
| C/O CO! 525 FRE | | 4. If <i>A</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | | . Individual or Joint/Group Filing (Check Appl ine) X Form filed by One Reporting Person | | | | | | | | |
| (Street) UTICA | N | Y 1 | 13502 | | | | | | | | | | | | | | | filed by Mor | | Reporting Person than One Reporting | | |
| (City) | (St | ate) (| Zip) | | | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Trans: Date (Month/L | | | | | | Exe | A. Deemed xecution Date, any Month/Day/Year) | | | Transaction Dispo | | | urities Acquired (A | | | Secur Benet Owne | | cially I | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | | | Code | v | Amoun | | (A) or (D) | Price | e | Following Reported Transaction(s) (Instr. 3 and 4) | | (msu. 4) | | (mau. 1) | | | | |
| Common | 2012 | | | | | M | | 200 | 0 | A | \$ | 0 | 68,003 | | | D | | | | | | |
| Common | 2012 | | | | | F | | 53 | D \$ | | \$27 | 7.24 | 67,950 | | 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) | if any | emed ion Date, /Day/Year) | 4. Transactio Code (Instr 8) | | on Number | | | Date Exer piration I pnth/Day | Date | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | Secu | Price rivative curity str. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | O F D o (I | 0. Ownership Form: Direct (D) or Indirect I) (Instr. | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exe | te ercisable | | oiration te | Title | o N o | amount r lumber of Shares | | | | | | | |
| Rsus (restricted Stock Units) | \$0 | 05/17/2012 | | | M | | | 200 | | (1) | 05/ | 17/2017 | Comm | | 200 | | \$0 | 0 | | D | | |

Explanation of Responses:

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 2006 Stock Incentive Plan, with the RSUs generally vesting over a five year period with the first 20% of the RSU's vesting one year after the grant date.

Daniel S. Jonas for Eugene R.

Corasanti by Power of

05/18/2012

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.