FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washir

ngton, D.C. 20549	OMB APPROVAL

OMB Number:	3235-0287
Estimated average bu	rden
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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Name and Address of Reporting Person* GOLDEN JO ANN						2. Issuer Name and Ticker or Trading Symbol CONMED CORP [CNMD]												p of Reporting Person(s) blicable) ctor 10		son(s) to Is		
(Last) (First) (Middle) C/O CONMED CORP						3. Date of Earliest Transaction (Month/Day/Year) 08/14/2017											Officer (give til below)			Other (spec below)		
525 FRENCH ROAD						4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) UTICA	Street) UTICA NY 13502-5994			94												X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(St	ate) (2	Zip)																			
		Tabl	e I - Non	n-Deriv	ative	Se	curitie	s Ac	quire	ed, D	isp	osed o	f, or	Bene	efici	ally	Owne	ed				
1. Title of Security (Instr. 3) 2. Transa Date (Month/E					Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		Co	Transaction D Code (Instr. 5			. Securities Acquired (A Disposed Of (D) (Instr. 3,)			4 and Secu Bene		rities I eficially (ed Following (vnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Co	ode V		Amount		(A) or (D)	Price	e	Transaction(s) (Instr. 3 and 4)				(11311. 4)	
Common Stock 08/14					4/2017				:	S		3,000		D \$5		50 19,782			D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																					
Derivative Security (Instr. 3) Conversion or Exercise Price of Derivative Security Date (Month/Day/Year) (Month/Day/Year) Execution Date, if any (Month/Day/Year)			4. Transa Code (8)		Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable Expiration Date (Month/Day/Year) Date Exercisable Expiration Date			expiration	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) Amour or Numbe of Title Shares					9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		O. Ownership Form: Oirect (D) Or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

Explanation of Responses:

Daniel S. Jonas for Jo Ann Golden by Power of Attorney

08/15/2017

** 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.