FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								

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* CORASANTI EUGENE R				2. Issuer Name and Ticker or Trading Symbol CONMED CORP [CNMD]									Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last)	(Firs	st) (N	Middle)		3. Date of Earliest Transaction (Mon 06/01/2010						Day/Year)			Office	Officer (give title below)		Other (s	- 1	
C/O CONMED CORP. 525 FRENCH ROAD					4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) UTICA													X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(Sta	ite) (Z	ip)																
		Table	e I - N	on-Deriv	ative S	ecu	ırities	Ac	quired, D	isp	osed o	f, or Be	neficia	Ily Owne	d				
Date			2. Transac Date (Month/Da		2A. Deem Execution if any (Month/D		Date,	3. Transaction Code (Instr. 8)					Securit Benefic Owned	ies cially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) c	Price	Report Transa	Following Reported Transaction(s) (Instr. 3 and 4)		4)	(Instr. 4)	
Common Stock 0					2010				М		200	A	\$0	10	109,976		D		
Common Stock 06/01/2					2010			F		53	D	\$0	109,923		D				
Common Stock 06/01/2				010				М		200	A	\$0	11	0,123		D			
Common Stock 06			06/01/2	2010				F		53	D	\$0	11	0,070	I	D			
		Та	ble II						uired, Dis					y Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any		4. Transactior Code (Instr 8)		5. n Number		options, conve 6. Date Exercisable Expiration Date (Month/Day/Year)		able and			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	Owner Form: Direct or Ind g (I) (Ins	wnership orm: irect (D) r Indirect) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		piration ate	Title	Amount or Number of Shares						
Rsus (restricted Stock Units)	\$0	06/01/2010			М			200	(1)	06	/01/2018	Common Stock	200	\$0	600		D		
Rsus (restricted Stock Units)	\$0	06/01/2010			М			200	(2)	06	/01/2019	Common Stock	200	\$0	800		D		
Rsus (restricted Stock Units)	\$0	06/01/2010			A		5,000		(2)	06	/01/2020	Common Stock	5,000	\$0	5,000		D		
Sars (Stock Appreciation Rights)	\$19.26	06/01/2010			A		2,500		(3)	06	/01/2020	Common Stock	2,500	\$0	2,500		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.
- 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 1999 Amended and Restated Long-Term 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
- 3. The stock appreciation rights ("SARs") were granted under the Company's 1999 Amended and Restated Long-Term Incentive Plan and generally vest in equal amounts over a five year period.

Daniel S. Jonas for Eugene R. Corasanti by Power of

Attorney

06/03/2010

** 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.

 $^{^{\}star}$ 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).