SEC For	rm 4																		
Section obligat	n 16. Form 4 or ions may conti	onger subject to r Form 5	UNITED STATES SECURITIES AND EXCHANGE COMMIS Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSH													N OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response: 0.5			
Instruc	tion 1(b).			Fil	ed pursu or S	uant Secti	to Secti ion 30(h)	on 16 ) of th	(a) of the Se e Investmen	curiti t Con	es Exchar npany Act	nge Act o of 1940	of 193	34					
1. Name and Address of Reporting Person* BRONSON DAVID M						2. Issuer Name and Ticker or Trading Symbol <u>CONMED Corp</u> [ CNMD ]									elationship eck all applie X Directo	cable)	Reporting Person(s) to Issu ble) 10% Own		
(Last)		irst) RPORATION												Officer below)	(give title		Other ( below)	specify	
11311 C					4. If Amendment, Date of Original Filed (Month/Day/Year)									Joint/Group Filing (Check Applica					
(Street) LARGO				33773									Form filed by More than One Reporting Person				orting		
(City) (State) (Z			(Zip)			Rule 10b5-1(c) Transaction Indication         Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
		Tab	le I - Noi	n-Deriv	vative	Se	curitie	es A	cquired,	Disp	osed c	of, or E	Bene	eficial	ly Owned	ł			
1. Title of Security (Instr. 3)				2. Trans Date (Month	saction /Day/Yea	<b>(r)</b>	2A. Deemed Execution Date, if any (Month/Day/Yea		Code (li	Transaction Code (Instr.					Benefici	es For ally (D) Following (I) (I		wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v			) or )	Price	Transac (Instr. 3	tion(s) and 4)			(1150.4)
					1/2023	2023 M 333 Ve Securities Acquired, Disposed of							,110		D				
		T							quired, D s, option						Owned				
1. Title of Derivative Security (Instr. 3)	ative Conversion Date rity or Exercise (Month/Day/Yea		Execution Date, if any		4. Transaction Code (Instr. 8)				6. Date Exercisabl Expiration Date (Month/Day/Year)		Amount of			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title		Amount or Jumber of Shares					
Rsus (restricted Stock Units)	\$0	06/01/2023			М			335	06/01/2023 <sup>(</sup>	<sup>1)</sup> 0	6/01/2032	Commo Stock		335	\$0	0		D	
Rsus (restricted Stock Units)	\$0	06/01/2023			A		302		06/01/2024 <sup>(</sup>	1) 0	6/01/2033	Commo Stock		302	\$0	302		D	
Options To Purchase Common Stock	\$123.79	06/01/2023			A		2,826		06/01/2024	2) 0	6/01/2033	Commo Stock		2,826	\$0	2,826	5	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 2020 Amended and Restated Non-Employee Director Equity Compensation Plan, with the RSUs generally vesting 100% after a one year period.

2. The stock options were granted under the Company's 2020 Amended and Restated Non-Employee Director Equity Compensation Plan and generally vest 100% after a one year period.

Daniel S. Jonas for David M.	0.000/2022				
Bronson by Power of Attorney	06/02/2023				

\*\* 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.