FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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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 [*] CONCANNON BRIAN						2. Issuer Name and Ticker or Trading Symbol <u>CONMED CORP</u> [CNMD]								5. Relationship of Reporting Per (Check all applicable) X Director			son(s) to Is 10% Ow			
(Last) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 06/01/2016									Officer (give title below)		Other (s below)		pecify		
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)						
(Street) UTICA	N											X Form filed by One Reporting Person Form filed by More than One Reporting Person								
(City)	(S	tate) (e) (Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned 1. Title of Security (Instr. 3) 2. Transaction 2A. Deemed 3. 4. Securities Acquired (A) or 5. Amount of 6. Ownership 7. Nature																				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Executi			Transaction Code (Instr.		Disposed Of (D) (Instr.		red (A) or str. 3, 4	Securitie Benefici Owned	es ally		: Direct of Eect (I) 0	of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price	Followir Reporte Transact (Instr. 3	ed ction(s)		. 4)	Instr. 4)			
Commor	2016)16			М		3,000	A	\$ <mark>0</mark>	9,0	000		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)	3A. Dee Execution if any (Month/		4. Transac Code (Ir 8)				6. Date Exercisable Expiration Date (Month/Day/Year)		e	7. Title an Amount of Securitie Underlyin Derivativ Security and 4)	of s ng e	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	ly I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership		
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares							
Rsus (restricted Stock Units)	\$0	06/01/2016			М			3,000	06/01/20	16	06/01/2025	Common Stock	3,000	\$0	0		D			
Options To Purchase Common Stock	\$41.06	06/01/2016			Α		5,396		06/01/2017	7 ⁽¹⁾	06/01/2026	Common Stock	5,396	\$0	5,396		D			
Rsus (restricted Stock Units)	\$0	06/01/2016			A		2,739		06/01/2017	7(2)	06/01/2026	Common Stock	2,739	\$0	2,739		D			

Explanation of Responses:

1. The incentive stock options ("ISOs") were granted under the Company's 2016 Amended and Restated Non-Employee Director Equity Compensation Plan and generally vest 100% after a one year period.

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 2016 Amended and Restated Non-Employee Director Equity Compensation Plan, with the RSUs generally vesting 100% after a one year period.



06/03/2016

** 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.