## FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
L								

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*     POMILIO LUKE A					<u>CO</u>	2. Issuer Name and Ticker or Trading Symbol CONMED CORP [ CNMD ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner					
(Last)	(First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 03/01/2017								below	Officer (give title below)  EVP, Finance		Other (specify below)		
C/O CONMED CORP 525 FRENCH ROAD				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable						
(Street) UTICA	N	Y	13502-	-5994	-	3									Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S	tate)	(Zip)																
		Tab	le I - N	Non-Deri	vative	Sec	urities	s Ac	quired, E	)isį	osed c	of, or Be	eneficia	lly Owne	d				
1. Title of Security (Instr. 3)		2. Transac Date (Month/Da		Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired ( Disposed Of (D) (Instr. 3 and 5)			Securii Benefi Owned	ties cially	6. Ownership Form: Direct (D) or Indirect (I)	of Indirect Beneficial Ownership					
									Code	v	Amount	(A) (D)	Price			(Instr. 4)	(Instr. 4)		
Common	Stock			03/01/2	2017			M		600	A	\$0	32	2,158	D				
Common Stock				03/01/2	2017			F		254	D	\$41.	93 3	1,904	D				
Common Stock 03/0				03/01/2	2017			M		650	A	\$0	32	2,554	D				
Common	Stock			03/01/2	2017				F		275	D	\$41.	93 32	2,279	D			
		Т	able I						uired, Dis , options					y Owned					
Security or Ex (Instr. 3) Price Deriv	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, //Day/Year)	4. Transaction Code (Instr. 8)		5. Number n of		6. Date Exercisa Expiration Date (Month/Day/Yea		able and 7. Title and Amount of		of s ng e	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ve Owners es Form: ally Direct (i) or Indir d (i) (Instri	Beneficia Ownershi ect (Instr. 4)		
					Code	Code V			Date Exercisable		xpiration ate	Title	Amount or Number of Shares						
Rsus (restricted Stock Units)	\$0	03/01/2017			М			600	(1)	0	2/27/2025	Common Stock	600	\$0	1,200	D			
Rsus (restricted Stock Units)	\$0	03/01/2017			М			650	(2)	0	3/01/2026	Common Stock	650	\$0	1,950	D			
Options To Purchase Common Stock	\$41.93	03/01/2017			A		48,000		(3)	0	3/01/2027	Common Stock	48,000	\$0	48,000	) 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 1999 Amended and Restated Long-Term Incentive Plan and generally vest in equal amounts (25%) over a four 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 2015 Amended and Restated Long-Term Incentive Plan and generally vest in equal amounts (25%) over a four year period.
- 3. The incentive stock options ("ISOs") were granted under the Company's 2015 Amended and Restated Long-Term Incentive Plan and generally vest in equal amounts over a five year period

<u>Daniel S. Jonas for Luke A.</u> Pomilio by Power of Attorney Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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).

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.