FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	
vvasimigton,	D.C.	20040	

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
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

Name and Address of Reporting Person*     Pelletier Johonna Marie						2. Issuer Name <b>and</b> Ticker or Trading Symbol CONMED CORP [ CNMD ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify				
(Last) (First) (Middle) C/O CONMED CORPORATION 11311 CONCEPT BOULEVARD						Date of /04/20		est Tra	ınsactio	n (Mo	nth/Day/Year	X Officer (give title Offier (specify below)  Treasurer and VP, Tax							
	OIVOLI I D				_ 4.1	f Amer	ndmer	nt, Dat	e of Ori	ginal F	iled (Month/D	Day/Year)		6. Ind	lividual or Joint/Group Filing (Check Applicable				
(Street) LARGO	FI												X Form filed by One Reporting Person						
(0:)			<i>(</i> =: \		-										Form f Persor		e thai	n One Repo	orting
(City)	(S		(Zip)	N B							<b>.</b>				•				
1 Title of	Security (Ins		ie i -	2. Transaction	_	2A. De			cquir	ea, L	Disposed 4. Securities			cially	5. Amo		6. 0	wnership	7. Nature
Date		Date (Month/Day/	Year)	Execution Date,		Transaction Code (Instr. 8)					l 5)	Securiti Benefic	es	Form: Direct (D) or Indirect (I) (Instr. 4)	n: Direct or Indirect	of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price		Reported Transactio (Instr. 3 ar		d tion(s)		(Instr. 4)
Common Stock 02/04				02/04/20	)21	1			M		3,000	A	\$41	\$41.93		5,881		D	
Common	mmon Stock 02/04/20			)21	1		S		3,000	D	\$116.0	\$116.0869 <sup>(1)</sup>		3,881		D			
Common Stock 02/04/2			02/04/20	)21	1		M		2,000	A	\$59	\$59.96		5,881		D			
Common Stock 02/04/202			)21	1		S		2,000	D	\$116	\$116.111 <sup>(2)</sup>		3,881		D				
		7	able								sposed o				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu	eemed ution Date, th/Day/Year)	4. Transa Code ( 8)				6. Date Exe Expiration I (Month/Day			Amour Securit Underl Derivat	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owne Form Direc or Ind (I) (In	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exerc	cisable	Expiration Date	Title	Amo or Num of Sha	nber					
Options To Purchase Common Stock	\$41.93	02/04/2021			M			3,000	(	(3)	03/01/2027	Commo Stock		000	\$0	4,000		D	
Options To Purchase Common Stock	\$59.96	02/04/2021			M			2,000	(	(3)	03/01/2028	Commo		000	\$0	11,500	)	D	

## **Explanation of Responses:**

- 1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$116.00 to \$116.44. Full information regarding the number of shares sold at each separate price will be provided upon request of the Commission staff, CONMED, or a CONMED security holder.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$116.00 to \$116.37. Full information regarding the number of shares sold at each separate price will be provided upon request of the Commission staff, CONMED, or a CONMED security holder.
- 3. The stock options 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.

Sarah M. Oliker for Johonna

M. Pelletier by Power of

02/05/2021

**Attorney** 

\*\* 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.