FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL							
OMB Number:	3235-0287						
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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

Name and Address of Reporting Person SHALLISH ROBERT D JR						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) 4375 OLYMPUS HEIGHTS						3. Date of Earliest Transaction (Month/Day/Year) 07/01/2004										er (give title w)		r (specify	
(Street) SYRACU (City)		4. If Amendment, Date of Original Filed (Month/Day/Year)									S. Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person								
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day					2A. Deemed Execution Date,			Transaction Code (Instr. 8) 4. Securit Disposed and 5)			ties Acq I Of (D)	uired (Instr	(A) or	5. Am Secur	ount of ities ficially d wing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock 07/01/20						004 07/01/20		004	Code V		Amount 81	(A) (D)	_	Price \$20.16	(Instr	7,261	D		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Ta 3. Transaction Date (Month/Day/Year)	de II - Deriva (e.g., p 3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr.		5. Number of		option	s, Co xerci	onvertib sable and ite			8. of De Se	Price	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
					Code	v	and (Date Exercisa		Expiration Date	Title	Amo or Num of Shar	ber		,			

Explanation of Responses:

/s/Robert D. Shallish

07/01/2004

** 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).