FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | D.C. | 20549 |
|-------------|------|-------|
|-------------|------|-------|

| STATEMENT OF CHANGES IN BENEFICIAL OWNERSH | ΗP |
|--|----|
|--|----|

OMB APPROVAL OMB Number: 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

| 1. Name and Address of Reporting Person* GOLDEN JO ANN | | | | | 2. Issuer Name and Ticker or Trading Symbol CONMED CORP [CNMD] | | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner | | | | | | | | |
|---|---|--|--|--------|--|---|--|---|-----|---|--|-------------------|-----------------|--|---|---|---|---|--|--|--|--|--|
| GOLDEN JO ANN | | | | | | | | | | | | | | | | Directo | or 10% (| | 10% Ow | /ner | | | |
| (Last) | (Fi | , | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/27/2018 | | | | | | | | | | Officer below) | (give title | | Other (s below) | pecify | | | |
| 525 FRE | NCH ROA | D | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| (Street) | | | | | | | | | | | | | | | X | Form fi | ed by One | Repo | rting Persor | , | | | |
| UTICA NY 13502-5994 | | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | | | | |
| (City) | (Si | tate) | (Zip) | | | | | | | | | | | | | | | | | | | | |
| | | Tak | le I - No | n-Deri | vativ | e Se | curit | ties A | cqı | uired, C | isp | osed o | f, or Be | neficia | ılly (| Owned | | | | | | | |
| | | 2. Transaction Date (Month/Day/Year) | | ear) | 2A. Deemed Execution Date, if any (Month/Day/Year) | | | e, Transaction Dis Code (Instr. 5) | | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5) | | | | | Form (D) or | : Direct | 7. Nature of Indirect Beneficial Ownership | | | | | |
| | | | | | | | , , , | | | Code | , | Amount | (A) or (D) | Price | | Reported Transact (Instr. 3 a | tion(s) | | | (Instr. 4) | | | |
| Common Stock 04/2 | | | | | 27/201 | /2018 | | | | М | | 2,698 | 8 A \$ | | .06 | 6 19,480 | | D | | | | | |
| Common Stock 04 | | | | | 27/201 | //2018 | | | | S | | 5,698 D \$ | | \$65. | 4 ⁽¹⁾ | 13,782 | | D | | | | | |
| | | - | Гаble II - | | | | | | | | | | or Bene | | y O | wned | | | | | | | |
| | l . | | | | | Can | - | | Ė | | | | I | | 1. | | | . 1 | | 1 | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, | | Transaction Code (Instr. | | umber ivative urities uired or oosed O) tr. 3, 4 5) | Ex | Date Exerc piration D onth/Day/\frac{\psi}{2} | ate | Amount of | | f g Security | De Se (Ir | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | y C F O (I | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | | | |
| | | | | | Code | v | (A) | (D) | Dar | te ercisable | | xpiration vate | Title | Amount or Number of Shares | | | | | | | | | |
| Options To Purchase Common Stock | \$41.06 | 04/27/2018 | | | M | | | 2,698 | 06/ | /01/2017 ⁽² | 0 | 6/01/2026 | Common Stock | 2,698 | | \$0 | 2,698 | | 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 \$65.19 to \$65.53. 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 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.

Daniel S. Jonas for Jo Ann Golden by Power of Attorney

04/30/2018

** 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.