## FORM 4

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

A / la : 4	$ \sim $	20540
Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number: 3235-0									
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*  Workman John L															5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
															X Director		10% Owner		vner		
	(First) (Middle) NMED CORPORATION					3. Date of Earliest Transaction (Month/Day/Year) 06/01/2022									Officer below)	Officer (give title below)		Other (s below)	specify		
11311 CONCEPT BOULEVARD						If Ame	endment,	Date	of Original	Filed	(Month/Da	6. In	6. Individual or Joint/Group Filing (Check Applicable								
(Street)	Fl	L	33773			, <del>,</del>									Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting						
(City)	(S	tate)	(Zip)																		
		Tak	ole I - Nor	n-Deriv	ativ	e Se	curitie	s A	cquired,	Disp	osed o	f, or E	ene	ficiall	y Owned						
			Date	2. Transaction Date (Month/Day/Year)			2A. Deemed Execution Date, if any (Month/Day/Year		Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			5. Amour Securitie Beneficia Owned F	s ally following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A)	or	Price		Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)			
Common Stock 06/				06/0	1/202	/2022			M		812	812 A		\$ <mark>0</mark>	19,	775		D			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)		d Z	e, Puts, cal		5. Number of		quired, Dispo s, options, co 6. Date Exercisal Expiration Date (Month/Day/Year)		onvertik			ies)	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	Owners Form Direct or Inc. (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 Exercisabl		Expiration Date	Title	OI No	umber							
Rsus (restricted Stock Units)	\$0	06/01/2022			M			812	06/01/2022	2(1) 0	06/01/2031	Commo		812	\$0	0		D			
Options To Purchase Common Stock	\$111.79	06/01/2022			A		3,453		06/01/2023	0	06/01/2032	Commo		,453	\$0	3,453	3	D			
Rsus (restricted Stock	\$0	06/01/2022			A		335		06/01/2023	(1)	06/01/2032	Commo		335	\$0	335		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 2020 Amended and Restated Non-Employee Director Equity Compensation Plan, with the RSUs generally vesting 100% after a one year period.
- 2. The stock options were granted under the Company's 2020 Amended and Restated Non-Employee Director Equity Compensation Plan and generally vest 100% after a one year period.

Workman by Power of

06/02/2022

**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.