FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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).

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

| 1. Name and Address of Reporting Person [*] SHALLISH ROBERT D JR | | | | 2. Issuer Name and Ticker or Trading Symbol <u>CONMED CORP</u> [CNMD] | | | | | | | elationship of Rep eck all applicable) Director | 0 () | o Issuer Owner | | |
|--|---------|---------|--|---|--|---|---|--|---------------|-------|---|---|--|--|--|
| (Last) (First) (Middle) C/O CONMED CORP | | | | 3. Date of Earliest Transaction (Month/Day/Year) 11/22/2013 | | | | | | | below) | Officer (give title Other (below) below) EVP, Finance, CFO | | | |
| 525 FRENCH ROAD | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | |
| (Street) | | | | | | | | | | | Form filed by One Reporting Person | | | | |
| UTICA | NY | 13502-5 | 994 | | | | | | | | Form filed by Person | Form filed by More than One Reporting Person | | | |
| (City) | (State) | (Zip) | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | |
| Date | | | 2. Transactior Date (Month/Day/Y | Execution Date, | | 3. Transaction Code (Instr. 8) | | 4. Securities Disposed Of and 5) | | | Securities Beneficially Owned | 6. Ownership Form: Direct (D) or Indirect (I) | of Indirect Beneficial Ownership | | |
| | | | | | | Code | v | Amount | (A) or (D) | Price | Following Reported Transaction(s) | (Instr. 4) | (Instr. 4) | | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

(e.g., puts, calls, warrants, options, convertible securities)

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| - 1 | 1. Title of | 2. | 3. Transaction | 3A. Deemed | 4. | | 5. Number | | 6. Date Exerc | 7. Title and | | 8. Price | 9. Number of | 10. | 11. Nature | L | |
|-----|-------------|-------------|------------------|------------------|----------------|------------------------|--|-----|------------------|--------------|------------|--------------|----------------|----------------------------|------------|-------------|---|
| - 1 | Derivative | Conversion | Date | Execution Date, | Transaction of | | of | | Expiration Date | | Amount of | | of | derivative | Ownership | of Indirect | |
| - 1 | Security | or Exercise | (Month/Day/Year) | if any | Code (Instr. | | Derivative | | (Month/Day/Year) | | Securities | | Derivative | Securities | Form: | Beneficial | |
| - 1 | (Instr. 3) | Price of | | (Month/Day/Year) | 8) Securities | | | | Underlying | | Security | Beneficially | Direct (D) | Ownership | | | |
| - 1 | | Derivative | | | | | Acquired (A) or Disposed of (D) | | | Derivative | | (Instr. 5) | | or Indirect (I) (Instr. | (Instr. 4) | | |
| - 1 | | Security | | | | | | | Security | | ty (Instr. | | | | | | |
| - 1 | | | | | | | | | | 3 and 4) | | | Reported | 4) | | L | |
| - 1 | | | | | | | | | | | | | Transaction(s) | | | | |
| - 1 | | | | | | (Instr. 3, 4 and 5) | | | | | | | (Instr. 4) | | | | |
| - 1 | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | Amount | 1 | | | | |
| - 1 | | | | | | | | | | | | or | | | | | L |
| - 1 | | | | | | | | | | | | Number | | | | | L |
| - 1 | | | | | | | | | Date | Expiration | | of | | | | | L |
| - 1 | | | | | Code | v | (A) | (D) | Exercisable | Date | Title | Shares | | | | | |
| – L | | | | | | | · / | · / | | | | | | | | | 4 |

Explanation of Responses:

Common Stock

Daniel S. Jonas for Robert D. Shallish by Parage 5 Atta-11/25/2013

(Instr. 3 and 4)

45,044

D

Shallish by Power of Attorney

** Signature of Reporting Person Date

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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).

11/22/2013

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.