SEC For																		
	FORM	UNITED STATES SECURITIES AND EXCHANGE COMMISSIC Washington, D.C. 20549												OMB APPROVAL				
Section obligat	this box if no k n 16. Form 4 or ions may conti ition 1(b).	STA	STATEMENT OF CHANGES IN BENEFICIAL OWNER Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934										HIP	Estim	OMB Number: 3235-0 Estimated average burden hours per response:		3235-0287 n 0.5	
1. Name and Address of Reporting Person <sup>*</sup> Garner Todd W				or Section 30(h) of the Investment Company Act of 1940   2. Issuer Name and Ticker or Trading Symbol <u>CONMED Corp</u> [ CNMD ]								5. R (Ch	elationship o eck all applic Directo	able)	g Pers	on(s) to Issi 10% Ov		
(Last) (First) (Middle) C/O CONMED CORPORATION 11311 CONCEPT BOULEVARD					3. Date of Earliest Transaction (Month/Day/Year) 03/01/2023									X Officer (give title Other (specif below) below) Executive Vice President & CFO				. ,
(Street) LARGO	Street)				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Lir								ndividual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person				n
(City)	(5	State)	(Zip)															
		Та	ble I - Noi	n-Deriv	ativ	ve Se	ecuritie	es Aco	quired,	Dis	posed of	f, or Ber	eficiall	y Owned				
1. Title of Security (Instr. 3)				2. Transaction Date (Month/Day/Year)			2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3,			8, 4 and 5) Securitie Beneficia Owned F		Form (D) o	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)
Common Stock 03/0				03/01	1/2023				М		1,600	Α	\$ <mark>0</mark>	1,0	501		D	
Common Stock 03/01				01/2023				F		486	D	\$96.1	6 1,	115		D		
			Table II -								osed of, onvertib			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	4. Date, Tra	ansaction ode (Instr.		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercis Expiration Dat (Month/Day/Ye		sable and te	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbo derivativ Securitie Beneficia Owned Followin Reported	re es ally g d	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownershi (Instr. 4)
				Co	ode	v	(A)	(D)	Date Exercisa	able	Expiration Date	Title	Amount or Number of Shares		Transact (Instr. 4)		1(5)	
Rsus (restricted Stock Units)	\$0	03/01/2023		N	M			1,600	(1)		03/01/2029	Common Stock	1,600	\$0	0		D	
Options To Purchase Common Stock	<b>\$</b> 96.16	03/01/2023		1	A		32,212		(2)		03/01/2033	Common Stock	32,212	\$0	32,23	12	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 2018 Long-Term Incentive Plan and generally vest in equal amounts (25%) over a four year period.

2. The stock options were granted under the Company's 2018 Long-Term Incentive Plan and generally vest in equal amounts over a five year period

## Sarah M. Oliker for Todd W.

Garner by Power of Attorney \*\* Signature of Reporting Person

Date

03/03/2023

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.