## FORM 4

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

Washington, D.C. 20	)549	3

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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Name and Address of Reporting Person*  Council LaVerne H						2. Issuer Name <b>and</b> Ticker or Trading Symbol  CONMED Corp [ CNMD ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
Counci	Coulcii Laverile n					Sork ( State )								X	Directo	r		10% Ov	vner		
	(First) (Middle)  DNMED CORPORATION					3. Date of Earliest Transaction (Month/Day/Year) 06/01/2021									Officer below)	(give title		Other (s below)	specify		
11311 CONCEPT BOULEVARD					4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street)	•				-									Line) X Form filed by One Reporting Person							
LARGO FL 33773															Form fil Person	ed by More	e than	One Repor	ting		
(City)	(S	tate)	(Zip)																		
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
				2. Transaction Date (Month/Day/Year)			Execution Date		e, Transaction Dis		Disposed	. Securities Acquired (A) isposed Of (D) (Instr. 3, 4 )			5. Amour Securitie Beneficia Owned F	s Illy ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
										v	Amount	(A) o (D)	Price	Reporte Transac (Instr. 3		on(s)	1		(Instr. 4)		
Common Stock				06/0	1/202	/2021			М		1,521	A	\$	0	2,1	2,120		D			
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
			(	e.g., p	outs,	call	s, wa	ırrant	s, optior	ıs, c	onvertik	le secu	ırities	)							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date,	1. Fransaction Code (Instr. 3)				6. Date Exercisal Expiration Date (Month/Day/Year			7. Title and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4)		S (I	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	e Own s Forn ally Dire or In g (I) (II	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	Amoui or Number of Shares	er							
Rsus (restricted Stock Units)	\$0	06/01/2021			M			1,521	06/01/202	21 (	06/01/2030	Common Stock	1,52	1	\$0	0		D			
Rsus (restricted Stock Units)	\$0	06/01/2021			A		812		06/01/2022	(1)	06/01/2031	Common Stock	812		\$0	812		D			
Options To Purchase Common Stock	\$138.45	06/01/2021			A		865		06/01/2022	(2)	06/01/2031	Common Stock	865		\$0	865		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.

H. Council by Power of

06/02/2021

**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.