FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	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

								,				.,		-								
Name and Address of Reporting Person* Farkas Charles						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						
	CONMED CORPORATION					3. Date of Earliest Transaction (Month/Day/Year) 06/01/2021										Officer (give title Other (specify below)						
11311 CONCEPT BOULEVARD					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual or Joint/Group Filing (Check Applicable Line)						
(Street)					_									X Form filed by One Reporting Person Form filed by More than One Reporting Person								
(City)	(S	tate)	(Zip)	p)																		
		Tal	ole I - Nor	ո-Deri\	vativ	e Se	curit	ies A	cquire	ed, D	isp	osed o	f, or	Ben	eficiall	y Owned						
			Date	ransaction e onth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Yea		Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				5. Amour Securitie Beneficia Owned F	s ally ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership				
								Co	ode \	,	Amount	unt (A) or (D)		Price	Transact	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)			
Common Stock 0				06/0	1/2021				N	M		1,521		A	\$0	18,431			D			
			Table II -									sed 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	d Date,	1. Fransaction Code (Instr. 3)		5. Number of		6. Date Exercisal Expiration Date (Month/Day/Year		isal ate	ole and	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e Owi s Ford lily Dire or li g (I) (I	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exerci	sable		xpiration ate	Title		Amount or Number of Shares							
Rsus (restricted Stock Units)	\$0	06/01/2021			M			1,521	06/01	/2021	0	6/01/2030	Com		1,521	\$0	0		D			
Rsus (restricted Stock Units)	\$0	06/01/2021			A		812		06/01/2	2022 ⁽¹⁾	0	6/01/2031	Com		812	\$0	812		D			
Options To Purchase Common	\$138.45	06/01/2021			A		865		06/01/2	2022 ⁽²⁾	0	6/01/2031	Com		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.

Farkas by Power of Attorney

06/02/2021

** 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.