Check this box

Section 16. For obligations may

Instruction 1(b)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	

if no longer subject to	
m 4 or Form 5	
continue. See	

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 3235-0287 Estimated average burden hours per response 0.5

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* CONCANNON BRIAN				2. Issuer Name and Ticker or Trading Symbol CONMED CORP [CNMD]										k all applica Director	tionship of Reportin all applicable) Director		10% Ow	ner		
(Last) (First) (Middle) C/O CONMED CORPORATION 525 FRENCH ROAD					3. Date of Earliest Transaction (Month/Day/Year) 06/01/2017										Officer (give title below)		Other (spe below)			
(Street) UTICA NY 13502					4.	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(S	tate)	(Zip)																	
1. Title of Security (Instr. 3) 2. Tr. Date			2. Trans	nsaction :		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			or 5. Amou Securiti Benefici Owned I		ily	Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) c	r Prio	е	Reported Transaction (Instr. 3 a	on(s) nd 4)		1	(Instr. 4)		
Common Stock 06/				06/01	1/201	1/2017			М		2,739	A	,	\$ <mark>0</mark>	11,739			D		
			Table II -								osed of, o				wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Dat if any (Month/Day/Ye	ate, Tr	4. Transac Code (I		5. Num Deriva Securi Acquir or Disp of (D) (3, 4 an	tive ties ed (A) oosed (Instr.	6. Date Exercisa Expiration Date (Month/Day/Year		!	7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				C	ode	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amo or Num of Shar	ber		(Instr. 4)	on(s)			
Rsus (restricted Stock Units)	\$0	06/01/2017			М			2,739	06/01/201	.7 ⁽¹⁾	06/01/2026	Commo Stock	n 2,7	39	\$0	0		D		
Rsus (restricted Stock Units)	\$0	06/01/2017			A		2,167		06/01/201	.8 ⁽¹⁾	06/01/2027	Commo Stock	n 2,1	67	\$0	2,167	7	D		
Options To Purchase	\$51.9	06/01/2017			A		3,669		06/01/201	.8 ⁽²⁾	06/01/2027	Commo Stock	n 3,6	69	\$51.9	3,669)	D		

Explanation of Responses:

Stock

- 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 2016 Amended and Restated Non-Employee Director Equity Compensation Plan, with the RSUs generally vesting 100% after a one year period.
- 2. The incentive stock options ("ISOs") were granted under the Company's 2016 Amended and Restated Non-Employee Director Equity Compensation Plan and generally vest 100% after a one year period.

Daniel S. Jonas for Brian Concannon by Power of Attorney

06/02/2017

** 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.