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* JONAS DANIEL						2. Issuer Name and Ticker or Trading Symbol CONMED CORP [CNMD]									Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last)	(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 01/04/2005									er (give title w) Legal Affai	rs/Gen.	below		
(Street) SYRACUSE NY 13203 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)									individual or Joint/Group Filing (Check Applicable e) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tabl	eI-	Non-Deriv	ative \$	Secu	ıritie	s Ac	quired	l, Di	sposed o	f, or B	enefic	ially	Own	ed				
1. Title of Security (Instr. 3) 2. Transactio Date (Month/Day/Y				Execution [,	3. Transaction Code (Instr. 8)			es Acqui Of (D) (In		4 and Secu Bene Own			6. Own Form: I (D) or Indirec	Direct	7. Nature of Indirect Beneficial Ownership		
									v	Amount	(A) or (D)	Price		Following Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		(Instr. 4)		
Common Stock 12/31/200)4			Α		129	A \$22		8735	658		D			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	Ta 3. Transaction Date (Month/Day/Year)	3A. E Exec if any	(e.g., pu	4. Transaction Code (Instr.		5. Number		s, options, er 6. Date Exer Expiration I (Month/Day		convertib cisable and Date	7. Title and Amount of Securities Underlying Derivative Security (Inst. 3 and 4)		8. Poori Of Deri Secu	rice S vative S urity I tr. 5)	9. Number o derivative Securities Beneficially Owned Following Reported	f 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	m: ect (D) ndirect	Beneficial Ownership	
					Code	ode V		r. 3, 4 5)	Date Exerci	sable	Expiration Date	Title	Amoun or Number of Shares	er		Transaction (Instr. 4)				

Explanation of Responses:

/s/ Daniel Jonas

01/04/2005

** 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.