FORM 4

Section 16. Form 4 or Form 5 obligations may continue. See

Instruction 1(b).

Check this box if no longer subject to

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washi

Ington, D.C. 20549	OMB APPROVAL				
ES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-02			

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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* <u>Aronson Martha Goldberg</u>						2. Issuer Name and Ticker or Trading Symbol CONMED CORP [CNMD]								(Che	elationship o ck all applic Director	able)	g Person(s) to Issu 10% Ow		
(Last) (First) (Middle) C/O CONMED CORPORATION 525 FRENCH ROAD					06	3. Date of Earliest Transaction (Month/Day/Year) 06/01/2017									below)	(give title		Other (sp below)	
(Street) UTICA NY 13502				4.	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line)	Individual or Joint/Group Filing (Check Applicine) X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	State)	(Zip)																
1. Title of Security (Instr. 3) 2. Trans Date				sactio	action 2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transa	ection	4. Securitie Disposed 5)	es Acq	uired (A) or	5. Amoun Securities Beneficia Owned Fo Reported	s lly ollowing	Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A (D	or	Price	Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 06/0				06/0	1/20	17			М		2,739		A	\$ <mark>0</mark>	3,7	3,739		D	
			Table II -								sed of, o				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/	ate, T	ransa Code (nsaction de (Instr. Acquir or Disport of (D) (3, 4 an)		tive ties ed (A) oosed Instr.	6. Date Exercisable Expiration Date (Month/Day/Year)		Amount of			8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficial Owned Following Reported	e O s Fi ally D o g (I)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				c	Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	N C	Amount or lumber of Shares		Transactio (Instr. 4)	on(s)		
Rsus (restricted Stock Units)	\$0	06/01/2017			M			2,739	06/01/201	7 ⁽¹⁾	06/01/2026	Comr		2,739	\$0	0		D	
Rsus (restricted Stock Units)	\$0	06/01/2017			A		2,167		06/01/201	8(1)	06/01/2027	Comr		2,167	\$0	2,167		D	
Options To Purchase	\$51.9	06/01/2017			A		3,669		06/01/201	8 ⁽²⁾	06/01/2027	Comr	non	3,669	\$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.

/s/ Daniel S. Jonas for Martha Goldberg Aronson by Power of 06/02/2017 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.