FORM 4

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

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

Vashington,	D.C. 20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APP	ROVAL									
OMB Number:	3235-0287									
Estimated average burden										
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b)

Name and Address of Reporting Person*     Schwarzentraub Barbara J					2. Issuer Name and Ticker or Trading Symbol  CONMED CORP [ CNMD ]									ck all applic Directo	ationship of Reportin ( all applicable) Director		10% Ov	ner		
	Last) (First) (Middle) C/O CONMED CORPORATION 625 FRENCH ROAD						3. Date of Earliest Transaction (Month/Day/Year) 06/01/2020									Officer below)	(give title		Other (s below)	pecify
(Street) UTICA	N N		13502		4. If <i>A</i>	Ame	ndment,	Date	of Origi	inal File	ed (M	nonth/Da	y/Year)		6. Inc Line)	Form fi	led by One	Repo	(Check Apporting Person One Repor	1
(City)	(Si	tate)	(Zip)																	
		Tab	le I - Non	-Deriv	ative	Se	curitie	s A	cquire	ed, Di	spo	osed o	f, or E	Bene	ficiall	y Owned				
Date			2. Transa Date (Month/E	Execution D Day/Year) if any		2A. Deemed Execution Date if any (Month/Day/Yea		Cod	Transaction Disposed Code (Instr. 5)					Securitie Beneficia Owned F	eneficially wned Following		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Cod	de V	Α	Amount	(A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)					
		٦	Γable II - I (									sed of, nvertik				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	oate, T	4. Transactio Code (Insti 8)				6. Date Exercisa Expiration Date (Month/Day/Year		te	e and	7. Title and Amount of Securities Underlying Derivative Sect (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				c	code V	,	(A)	(D)	Date Exercis	sable	Exp	piration te	Title	or No of	umber					
Rsus (restricted Stock Units)	\$0	06/01/2020			A		1,521		06/01/2	2021 <sup>(1)</sup>	06/0	01/2030	Comm Stock		,521	\$0	1,521		D	
Options To Purchase	\$73.94	06/01/2020			A		1,843		06/01/2	2021 <sup>(2)</sup>	06/0	01/2030	Comm		.,843	\$0	1,843		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 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.

/s/Sarah M. Oliker for Barbara Schwarzentraub by Power of 06/03/2020

\*\* 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.