FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

lashington,	D.C.	20549	

, D.C. 20549	OMB APPROVAL

- 1		
	OMB Number:	3235-0287
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-	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

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Name and Address of Reporting Person* Peters Stanley W III						2. Issuer Name and Ticker or Trading Symbol CONMED Corp [CNMD]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
(Last)	,	,	(Midd	le)		3. Date of Earliest Transaction (Month/Day/Year) 06/08/2023								X Officer (give title below) Other (sp below) VP GM Advanced Surgery						
C/O CONMED CORPORATION 11311 CONCEPT BOULEVARD					4. 1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) LARGO FL 33773					X Form filed by One Form filed by Mo Person											J				
(City) (State) (Zip)					Rı	Rule 10b5-1(c) Transaction Indication														
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Tabl	e I -	Non-Deriv	ative	Sec	urit	ies A	cquir	ed, D	Disposed (of, or E	eneficia	lly Own	ed					
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea			rear) i	2A. Deemed Execution Date, if any (Month/Day/Year)					s Acquired (A) or If (D) (Instr. 3, 4 and 5		Secu Bene	icially d Following	Form (D) or Indire	n: Direct r ect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)					
								Code	v	Amount	(A) or (D)	Price	Trans	ction(s) 3 and 4)		nstr. 4)	(111501.4)			
Common Stock 06/08			06/08/20	23				M		5,000	A	\$41.93		5,063		D				
Common Stock 06/0			06/08/20	23	s 5,000 D \$131.1352 ⁽¹⁾ 63				63		D									
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																				
1. Title of Derivative Security (Instr. 3) 1. Title of Derivative Security (Instr. 3) 2. Conversion Date Execution Date (Month/Day/Year) 3. Transaction Date Execution D if any (Month/Day/ Security)			cution Date,	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)		ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)				
					Code	v	(A)	(D)	Date Exerc	isable	Expiration Date	Title	Amount or Number of Shares							
Options To Purchase Common Stock	\$41.93	06/08/2023			М			5,000	(2	2)	03/01/2027	Common Stock	5,000	\$0	9,500		D			

Explanation of Responses:

- 1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$131.07 to \$131.19. Full information regarding the number of shares sold at each separate price will be provided upon request of the Commission staff, CONMED, or a CONMED security holder.
- 2. The stock options were granted under the Company's 2015 Amended and Restated Long-Term Incentive Plan and generally vest in equal amounts over a five year period.

/s/ Daniel S. Jonas for Stanley 06/09/2023 W. Peters III by Power of

<u>Attorney</u>

** 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.