FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL											
	OMB Number:	3235-0287										
l	Estimated average burden											
l	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).

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* Kuyper Dirk						2. Issuer Name and Ticker or Trading Symbol CONMED CORP [CNMD]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Kuyper Dirk</u>										-				X	Director	•		10% Owr	ner
(Last) (First) (Middle) C/O CONMED CORPORATION						3. Date of Earliest Transaction (Month/Day/Year) 06/01/2018									Officer (below)	(give title		Other (sp below)	pecify
525 FRE	NCH ROA	D			1	If Amc	ndmont	Date	of Original	Eilad	(Month/Day	(Voor)		6 Inc	lividual or J	nint/Group E	ilina ((Check Appli	icable
					- 4.	II AIIIC	nument	, Date t	n Original	riieu	(WOTHIT/Day	/ rear)		Line)	iiviuuai 0i Ji	Jilli/Group F	-iiiig (C	Sileck Appli	icable
(Street) UTICA NY		Y	13502											X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City) (State) (Zip)		(Zip)												. 515011					
		Ta	ble I - Noi	n-Deri	vativ	re Se	curiti	es Ac	quired,	Disp	osed of	, or Be	nefi	cially	Owned				
Date						/Day/Year) i		2A. Deemed Execution Date, if any (Month/Day/Year		Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			5. Amoun Securities Beneficia Owned Fo	s lly ollowing (Form: Direct		7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A) or (D)		rice	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 06/01						/2018		M		2,167	A		\$ <mark>0</mark>	12,	906	D			
			Table II -	Deriva	ative	Sec	urities	S Acq	uired, D	ispo	sed of,	or Ben	efici	ally (Owned				
				(e.g.,	puts	, call	s, waı	rants	, optior	ıs, c	onvertib	le sec	uritie	s)					
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,		nsaction le (Instr. Sec Ac or of		Derivative E		6. Date Exercisal Expiration Date (Month/Day/Year		7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio	Ow For Dire or I (I) (Downership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	or Nu of	nount mber ares		(Instr. 4)	11(3)		
Rsus (restricted Stock Units)	\$0	06/01/2018			M			2,167	06/01/201	8 ⁽¹⁾	06/01/2027	Commo Stock	n 2,	167	\$0	0		D	
Rsus (restricted Stock Units)	\$0	06/01/2018			A		1,629		06/01/201	9 ⁽¹⁾	06/01/2028	Commo Stock	n 1,	629	\$0	1,629		D	
Options To Purchase	\$69.03	06/01/2018			A		2,549		06/01/201	9 ⁽²⁾	06/01/2028	Commo Stock	n 2,	549	\$0	2,549		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.

Sarah M. Oliker for Dirk Kuyper by Power of Attorney

06/04/2018

** 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.