FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPROVAL | | | | | | | | |
|--------------------------|-----|--|--|--|--|--|--|--|
| OMB Number: 3235-02 | | | | | | | | |
| 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* CONCANNON BRIAN | | | | | | Issuer Name and Ticker or Trading Symbol CONMED CORP [CNMD] Date of Earliest Transaction (Month/Day/Year) 06/01/2014 | | | | | | | | | | ck all app Direct | , | | 10% O Other (| wner specify |
|--|--|--|---|--|----------------------------------|---|--|-------|------------------------------------|--------------------|------------------|-------|-------------------------|-----------------------------------|--|--|--|---|---|---|
| (Last) | (Fi | rst) (| Middle) | | 00/0 | 1/20 | J14 | | | | | | | | | below | w) | | below) | |
| C/O CONMED CORPORATION | | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | r Joint/Grou | n Filir | na (Check A | nnlicable |
| 525 FRENCH ROAD | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Teal) | | | | | | | | | | 6. Individual or Joint/Group Filing (∟ine) | | | | ррпсавіс |
| | | | | | | | | | | | | | Form | filed by One | ed by One Reporting Person | | | | | |
| (Street) UTICA | N | Y 1 | 13502 | | | Form filed by N Person | | | | | | | | | • | ore than One Reporting | | | | |
| (City) | (St | tate) (| Zip) | | | | | | | | | | | | | | | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transacting Date (Month/Day/ | | | | | | Execution Date, | | | | Transaction Dispos | | | ities Acq d Of (D) (| | | | ities F icially (I d Ir | | wnership m: Direct or rect (I) tr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | | | | | Code | V | Amo | ount | nt (A) or (D) | | rice | Report Transa | eported ransaction(s) nstr. 3 and 4) | | u. 4) | (IIISU: 4) |
| Common Stock 06/01/20 | | | | | | | 014 | | M | | 3 | 3,000 | | | \$ <mark>0</mark> | 3 | ,000 | | 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) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Dee Execution if any (Month/ | | 4. Transact Code (In 8) | | n Number | | 6. Date E Expiratio (Month/D | e | Amount of | | of c s [] lg [] | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership | |
| | | | | | Code | v | (A) | (D) | Date Exercisal | | Expirati Date | | Title | Amou or Numb of Share | er | | | | | |
| Rsus (restricted Stock Units) | \$0 | 06/01/2014 | | | M | | | 3,000 | 06/01/201 | 1 (1) | 07/26/20 |)23 | Common Stock | 3,00 | 00 | \$0 | 0 | | D | |

Explanation of Responses:

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 2007 Amended and Restated Non-Employee Director Equity Compensation Plan, with the RSUs generally vesting 100% after a one year period.

Daniel S. Jonas for Brian Concannon by Power of

06/02/2014

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.