FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL								
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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).

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

Name and Address of Reporting Person* Metcalf Jane E						2. Issuer Name and Ticker or Trading Symbol CONMED CORP [CNMD]								Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner			
(Last) 7110 KITTIV	(First)	(I		3. Date of Earliest Transaction (Month/Day/Year) 05/16/2007								Officer (gi below) VP Cor		Other below atory Affair			
(Street) MANLIUS (City)	NY (State		3104 Zip)		4	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Indiv Line) X	ividual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			
		Tabl	e I - N	on-De	rivati	ve S	Securiti	es A	cquired, [Disp	osed of	, or Bene	ficially (Owned			
1. Title of Security (Instr. 3)				2. Tran Date (Month			2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.				r. 3, 4	, 4 Securities Beneficially Owned		Ownership orm: Direct) or direct (I)	7. Nature of Indirect Beneficial Ownership
										v	Amount	(A) or (D)	Price	Following Reported Transaction(s) (Instr. 3 and 4)		str. 4)	(Instr. 4)
Common Stock					6/200	007			М		262	A	\$ <mark>0</mark>	538		D	
Common Stock					6/200	2007		F		583	D	\$0	538		D		
			Table						quired, Dis s, options,					d			
1. Title of Derivative Security (Instr. 3) 2. Conversion or Exercise Price of Derivative Security		(Month/Day/Year) any		n Date, if	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable a Expiration Date (Month/Day/Year)		and	7. Title and A Securities Un Derivative Sec and 4)	derlying	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following	f 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amount or Number of Shares		Reported Transaction(s (Instr. 4)	(s)	
RSUs (Restricted Stock Units) ⁽¹⁾	(1)	05/16/2007			M			800	05/16/2007	(05/16/2016	Common Stock	800	\$0 ⁽³⁾	3,200	D	
RSUs (Restricted Stock Units) ⁽¹⁾	(1)	05/17/2007			A		4,000		05/17/2008 ⁽¹	0.5	5/17/2017 ⁽¹⁾	Common Stock	4,000	\$0 ⁽³⁾	7,200	D	
SAR's (Stock Appreciation Rights) ⁽²⁾	\$2.92	05/17/2007			A		10,000		05/17/2008 ⁽²	0.5	5/17/2017 ⁽²⁾	Common Stock	10,000	\$0 ⁽³⁾	10,000	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 2006 Stock Incentive Plan, with the RSUs generally vesting over a five year period with the first 20% of the RSU's vesting one year after the grant date.
- 2. The stock appreciation rights ("SARs") were granted under the Company's 2006 Stock Incentive Plan and generally vest in equal amounts over a five year period.
- 3. The RSUs and SARs were granted at no cost to the Reporting Person.

<u>/s/ Jane E. Metcalf</u> <u>05/18/2007</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.