Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
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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* <u>Aronson Martha Goldberg</u>						2. Issuer Name and Ticker or Trading Symbol CONMED Corp [CNMD]								(Che	elationship of the control of the co	able)	Reporting Person(s) to Issuer ble) 10% Owner			
	(First) (Middle) ONMED CORPORATION					3. Date of Earliest Transaction (Month/Day/Year) 06/01/2022									Officer below)	(give title		Other (s below)	specify	
11311 CONCEPT BOULEVARD				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable						
(Street)					_									Line) X Form filed by One Reporting Person						
LARGO	Fl	L 	33773												Form fi Person		e than	One Repor	ting	
(City)	(S	tate)	(Zip)																	
		Tab	ole I - Non	-Deriv	/ativ	e Se	curitie	s A	cquired,	Disp	osed o	f, or E	ene	iciall	y Owned					
			2. Transaction Date (Month/Day/Year)		ear)	2A. Deemed Execution Date, if any (Month/Day/Yea		Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)			5. Amour Securitie Beneficia Owned F	s ally ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
								Code	v	Amount	(A (D	or	Price	Transact	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Stock (06/0	1/202	/2022		М		812	812 A		\$0	11,	11,275		D			
		•	Table II - I												Owned				٨.	
4 Tidle of	2.	2 Tunnanation				call	-		s, option			1		ies)	8. Price of	9. Number		40	11. Nature	
1. Title of Derivative Security (Instr. 3)	Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/\)	ate,	4. Transa Code (8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisat Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	s Ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	ip of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisabl		expiration Date	Title	or No of	umber						
Rsus (restricted Stock Units)	\$0	06/01/2022			M			812	06/01/2022	(1) 0	06/01/2031	Comm		812	\$0	0		D		
Options To Purchase Common Stock	\$111.79	06/01/2022			A		3,453		06/01/2023	(2) 0	06/01/2032	Comm		,453	\$0	3,453		D		
Rsus (restricted Stock	\$0	06/01/2022			A		335		06/01/2023	(1) 0	06/01/2032	Comm		335	\$0	335		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 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.

Goldberg Aronson by Power of 06/02/2022 **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.