FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

obligations may continue. See

Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

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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 a | | 2. Issuer Name and Ticker or Trading Symbol CONMED CORP [CNMD] | | | | | | | | | | Relationshipneck all app | , | ng Pe | erson(s) to I | | | | | |
|--|---|--|---|------|--|---|--|-------|---|-----------------------|----------|--------------------------|---|----------------|---------------|--|--|------------|--|---|
| (Last) | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 06/01/2015 | | | | | | | | | | Office | Officer (give title below) | | Other (| |
| C/O CONMED CORP 525 FRENCH ROAD | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable ine) | | | | |
| (Street) UTICA NY 13502-599 | | | | 5994 | | | | | | | | | | | | Form | Form filed by One Reporting Person Form filed by More than One Reporting Person | | | |
| (City) | (City) (State) (Zip) | | | | | | | | | | | | | | | | | | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day | | | | | | Exe if a | A. Deemed xecution Date, any //onth/Day/Year) | | | Transaction Dis | | | ecurities Acquired (posed Of (D) (Instr. 3 5) | | | Securi Benefi Owned | ties F cially (I I | | ownership m: Direct or irect (I) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | C | ode | v | Amoun | | (A) or (D) | Price | | | (Instr. 4) | | (Instr. 4) |
| Common | 2015 | 15 | | | | M | | 3,00 | 00 | A | \$0 | 18 | ,043(1) | | 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. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transactior Code (Instr 8) | | on Number | | 6. Date Exercisabl Expiration Date (Month/Day/Year) | | | | d 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | у | Ownership Form: Direct (D) or Indirect (I) (Instr. | Beneficial Ownership |
| | | | | | Code | v | (A) | (D) | Date Exerc | cisable | Ex Da | piration te | Title | or No of | umber | | | | | |
| Rsus (restricted Stock Units) | \$0 | 06/01/2015 | | | M | | | 3,000 | 06/01 | 1/2015 ⁽²⁾ | 09/ | /11/2024 | Comm | | ,000 | \$0 | 0 | | D | |

Explanation of Responses:

- $1. \ The \ last \ reported \ number \ of \ 15,193 \ has \ been \ adjusted \ and \ the \ correct \ amount \ is \ 18,043.$
- 2. 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 upon completion of the term of service.

Daniel S. Jonas for Jo Ann Golden by Power of Attorney 06/03/2015

** 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.