

OMB APPROVAL	
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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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

1. Name and Address of Reporting Person [†] <u>SHAGORY PETER K</u> (Last) (First) (Middle) <u>C/O CONMED CORPORATION</u> <u>11311 CONCEPT BOULEVARD</u> (Street) <u>LARGO FL 33773</u> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>CONMED Corp [CNMD]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) <u>EVP, STRAT & CORP DEVT</u>
	3. Date of Earliest Transaction (Month/Day/Year) <u>03/02/2026</u>	
4. If Amendment, Date of Original Filed (Month/Day/Year) <u>03/04/2026</u>		

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			

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. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date						Title
RSUs (Restricted Stock Units)	\$0	03/02/2026		A		16,926		(I)	03/02/2036	Common Stock	16,926 ⁽²⁾	\$0	16,926	D	

Explanation of Responses:

- 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 2025 Long-Term Incentive Plan, with the RSUs generally vesting over a three-year period with the first 33% of the RSUs vesting one year after the grant date, 33% second year and 34% third year.
- This Form 4/A is filed solely to correct the amount of RSUs granted. A special award of 7,644 shares was awarded in addition to the originally reported 9,282 shares for a total of 16,926 RSUs granted.

/s/ Thomas Fistek for Peter K. Shagory by Power of Attorney 03/18/2026

** 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.