FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP
obligations may continue. See Instruction 1(b).	Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* Pelletier Johonna Marie						2. Issuer Name and Ticker or Trading Symbol CONMED CORP [CNMD]										Check	ionship of Reportin all applicable) Director Officer (give title		g Person(s) to Issuer 10% Owner Other (spec		wner	
	(Fir NMED COF NCH ROAI	RPORATION	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 08/08/2019										X	belov	v)	below) and VP, Tax			
(Street) UTICA (City)	NY	7 1	.3502 Zip)		4. If	Ame	endmer	t, Date	of Original Filed (Month/Day/Year)							. Indivi ine) X	Form	or Joint/Group Filing (Check Applicable orm filed by One Reporting Person orm filed by More than One Reporting erson				
		Tabl	e I - Nor	n-Deriv	ative	Se	curiti	es Ac	qui	red, I	Dis	posed o	f, or	Ben	efici	ally (Owne	ed				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)					ay/Year) Execution		cution Date,		Transaction Dis		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 5)				4 and Se Be Ov		. Amount of ecurities eneficially wned Following leported		nership Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								C	Code	v	Amount		A) or D)	Price	Trans		action(s) 3 and 4)			(111511.4)		
Common Stock 08/08/				/2019	2019			S		153		D	\$94	1.91		3,965		D				
Common Stock 08/08/				/2019			S		300		D	\$94	.94	3,665			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)		3. Transaction Date (Month/Day/Year)	3A. Deemed Execution I if any (Month/Day	Date, Transaction Code (Ins					Exp	Date Ex piration onth/Da	Date		7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		nstr. 3		vative urity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Ov Fo Di or (I)	wnership orm: rect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exe	te ercisab		Expiration Date	Title	or Nu of	nount mber ares							

Explanation of Responses:

Sarah M. Oliker for Johonna

M. Pelletier by Power of

08/12/2019 <u>Attorney</u>

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

^{*} 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).