FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
	0.5								

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

1. Name and Address of Reporting Person* CORASANTI EUGENE R					2. Issuer Name and Ticker or Trading Symbol CONMED CORP [CNMD]								(Ch	Relationship eck all appl X Directo	•		rson(s) to I			
(Last)	(Firs	,	liddle)			3. Date of Earliest Transaction (Month/Day/Year) $06/01/2009$									Office below	r (give title)		Other (below)	specify	
C/O CONMED CORP. 525 FRENCH ROAD					4. If Amendment, Date of Original Filed (Month/Day/Year)									Line	6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) UTICA	NY	13	3502												X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(Sta		ip)																	
		Table	e I - N	on-Deriv					1	Disp										
Dat				2. Transact Date (Month/Day	n/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.) 8)				3, 4 Secur Benef Owne		ially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
							Code	v	Amount	(A (D	or	Price	Reporte Transa	Following Reported Transaction(s) (Instr. 3 and 4)		tr. 4)	(Instr. 4)			
Common Stock 06/01					009			M		200		A	\$ <mark>0</mark>	108,505			D			
Common Stock 06/0				06/01/2	2009				F		53		D	\$ <mark>0</mark>	10	8,452		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 (Month/Day/Year) Price of Derivative Security 3. Transaction Date Execution Date (Month/Day/Year) if any (Month/Day				ion Date,	Code (Ins		tion Number		6. Date Ex. Expiration (Month/Da	Date	9	and 7. Title and Amount of Securities Underlying Derivative Security (Instrand 4)		tr. 3	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
					Code	v	(A)	(D)	Date Exercisabl		xpiration ate	Title	or Nu of	nount mber ares						
Rsus (restricted Stock Units)	\$0	06/01/2009			M			200	(1)	0	6/01/2018	Commo Stock	n 2	200	\$0	800		D		
Rsus (restricted Stock Units)	\$0	06/01/2009			A		1,000		(2)	0	6/01/2019	Commo Stock	n 1,	000	\$0	1,000		D		
Sars (Stock Appreciation Rights)	\$16.46	06/01/2009			A		2,500		(3)	0	6/01/2019	Commo Stock	n 2,	500	\$0	2,500		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. 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 1999 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.
- 3. The stock appreciation rights ("SARs") were granted under the Company's 1999 Stock Incentive Plan and generally vest in equal amounts over a five year period.

Daniel S. Jonas for Eugene R.
Corasanti by Power of 06/02/2009
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.