## FORM 5

Check this box if no longer subject to

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

ANNUAL STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Washington,	D.C.	20549

Washington, D.C. 20049	

OMB APPROVAL								
OMB Number:	3235-0362							
Estimated average burden								

1.0

hours per response:

obligations may continue. See Instruction 1(b).	
mstruction 1(b).	

Form 3 Holdings Reported.

Form 4	Transactions F	eported.	File	ed pursuant to or Sectior													
Name and Address of Reporting Person*     Cohen Heather L					2. Issuer Name and Ticker or Trading Symbol  CONMED CORP [ CNMD ]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner				Owner -		
l	ast) (First) (Middle) //O CONMED CORPORATION 25 FRENCH ROAD				3. Statement for Issuer's Fiscal Year Ended (Month/Day/Year) 12/31/2019							X Officer (give title Other (specify below)  EVP CORP HR					
(Street) UTICA (City)	N)		13502 Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting Person													
		Tabl	le I - Non-Deriv	ative Sec	uritie	es Ac	quir	ed, Di	sposed	of, o	r Benef	icial	ly Owne	ed			
`` '   [		2. Transaction Date (Month/Day/Year)	Execution Date,		Code (Instr.		4. Securities Acquired (A) or Dispose (D) (Instr. 3, 4 and 5)			sed Of	5. Amount of Securities Beneficially Owned at end			ership n: Direct	'. Nature of ndirect Beneficial Ownership		
								Amoun	:	(A) or (D)	A) or Price		Issuer's Year (Ins 4)			ect (I)	(Instr. 4)
401 (K) P	401 (K) Plan		12/31/2019(1)		J			48.	267	A	A \$111.8		4,852	2.412 <sup>(2)</sup>		I	401 (K) Plan
		Та	able II - Derivat (e.g., p	tive Secur uts, calls,									Owned				
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)	of	ired r osed ) r. 3, 4	Expiration E (Month/Day/		e Expiratio		Amount of Securities Underlying Derivative Security (Instr. and 4)  Amount of Market Security (Instr. and 4)		3. Price of Oerivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	lly	10. Ownershi Form: Direct (D) or Indirec (I) (Instr. 4	Beneficial Ownership t (Instr. 4)

## Explanation of Responses:

- 1. As of December 31, 2019.
- $2. \ No\ change\ in\ holdings\ other\ than\ as\ a\ result\ of\ a\ change\ in\ the\ shares\ of\ stock\ in\ the\ 401\ (K)\ Conmed\ fund.$

/s/ Sarah M. Oliker for Heather Cohen by Power of Attorney 02/13/2020

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.