FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
haira nar raananaa.	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

Name and Address of Reporting Person*  Kuyper Dirk				2. Issuer Name and Ticker or Trading Symbol CONMED CORP [ CNMD ]							(Ch	Relationship eck all appli	cable)	Reporting Person(s) to Issi ble) 10% Owr				
(Last)	(Firs	,	fiddle)			3. Date of Earliest Transaction (Month/Day/Year) 07/26/2013								Officer	Officer (give title below)		Other (s	1
C/O CONMED CORPORATION 525 FRENCH ROAD					4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person					
(Street) UTICA	NY	1:	3502												iled by More		•	
(City)	(Sta	te) (Z	ip)															
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																	
1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day)				y/Year)	Deemed ution D y nth/Day	ate,	3. Transaction Code (Instr. ) 8)		4. Securities Acquired Disposed Of (D) (Instr. and 5)			Securiti Benefic Owned			: Direct	7. Nature of Indirect Beneficial Ownership		
						Code	v	Amount	(A) o	r Price	Reporte Transac	Following Reported Fransaction(s) Instr. 3 and 4)		. 4)	Instr. 4)			
	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)  1. Title of Conversion or Exercise Price of Derivative Security  2. Conversion Date (Month/Day/Y			if any	emed ion Date, ı/Day/Year)	4. Transact Code (In 8)	ction Number		6. Date Exel Expiration I (Month/Day	Date	•	and 7. Title and Amount of Securities Underlying Derivative Security (Inst and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owner Form Direct or In- (I) (In- 4)	Ownership Form: Direct (D) or Indirect (I) (Instr.	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		Expiration Date	Title	Amount or Number of Shares					
Rsus (restricted Stock Units)	\$0	07/26/2013			A		3,000		06/01/2014 <sup>(1</sup>	) 0	07/26/2023	Common Stock	3,000	\$0	3,000		D	
Sars (Stock Appreciation Rights)	\$33.43	07/26/2013			A		1,000		06/01/2014 <sup>(2</sup>	0	07/26/2023	Common Stock	1,000	\$33.43	1,000		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 2007 Amended and Restated Non-Employee Director Equity Compensation Plan, with the RSUs generally vesting 100% after a one year period.
- 2. The stock appreciation rights ("SARs") were granted under the Company's 2007 Amended and Restated Non-Employee Director Equity Compensation Plan, with the SARs generally vesting 100% after a one year period.

<u>Daniel S. Jonas for Dirk</u> Kuyper by Power of Attorney

07/30/2013

\*\* 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.