FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

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

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* Folkert Nathan | | | | | | 2. Issuer Name and Ticker or Trading Symbol CONMED CORP [CNMD] | | | | | | | | (Check | tionship of Reportin all applicable) Director Officer (give title | | ng Person(s) to Issuer 10% Owner Other (speci | | wner |
| | (Last) (First) (Middle) C/O CONMED CORPORATION 525 FRENCH ROAD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/27/2018 | | | | | | | | X | below) VP GM Ort | | Ortho | below) | |
| (Street) UTICA NY 13502 | | | | _ 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Indiv Line) X | , | | | | | |
| (City) (State) (Zip) | | | | | | | | | | | | | | | | | | | |
| | | Tab | le I - No | on-Deriv | /ative | e Se | curit | ies Ac | quired | l, Di | sposed o | of, or Be | nefic | ially | Owned | ŀ | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Day | | | | | | r) Ei | 2A. Deemed Execution Date, if any (Month/Day/Year) | | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (Disposed Of (D) (Instr. 3 | | | ıd 5) | 5. Amount of Securities Beneficially Owned Following Reported | | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Transac (Instr. 3 | tion(s) | | | (Instr. 4) |
| Common Stock 04/27/2 | | | | | |)18 | | M | | 296 | A | \$41 | .93 | 1, | 264 | | D | | |
| Common Stock 04/27/20 | | | | | |)18 | | | M | | 4,113 | A | \$39 | .87 | 5, | 377 | | D | |
| Common Stock 04/27/20 | | | | | 2018 | 018 | | | S | | 4,409 | D | \$64. | 98(1) | 9 | 968 | | D | |
| | | 7 | Table II | | | | | | | | oosed of converti | | | | wned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deer Execution if any (Month/E | on Date, | 4. Transa Code (l 8) | | on of | | 6. Date Exercis Expiration Dat (Month/Day/Ye | | te | 7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4) | | De Se (Ir | Price of erivative ecurity istr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | Owners Form: Iy Direct (I or Indire (I) (Instr | Ownership | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) (D) Date Expiration Date Title Shares | | | | | | | | | | | | |
| Options To Purchase Common Stock | \$41.93 | 04/27/2018 | | | М | | | 296 | (2) | | 03/01/2027 | Common Stock | 296 | | \$0 | 35,704 | 4 | D | |
| Options To Purchase Common | \$39.87 | 04/27/2018 | | | М | | | 4,113 | (2) | | 03/01/2026 | Common Stock | 4,11 | 3 | \$0 | 33,887 | 7 | D | |

Explanation of Responses:

- 1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$64.92 to \$65.01. Full information regarding the number of shares sold at each separate price will be provided upon request of the Commission staff, CONMED, or a CONMED security holder.
- 2. The stock options were granted under the Company's 2015 Amended and Restated Long-Term Incentive Plan and generally vest in equal amounts over a five year period

Daniel S. Jonas for Nathan Folkert by Power of Attorney

04/30/2018

** 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.