FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours ner resnonse. | 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 | |
|---|---|--|--|---|----------------------------|--|-------|--|--|---------------|-----------------------|---|--|--|--|----------------|--|--|--|
| 1. Name and Address of Reporting Person* KENNEDY JOHN JED | | | | | | 2. Issuer Name and Ticker or Trading Symbol CONMED CORP [CNMD] | | | | | | | | elationship of ck all applic Directo | able) r | g Perso | 10% Ow | /ner | |
| (Last) C/O CONI | (Firs | et) (M | | 3. Date of Earliest Transaction (Month/Day/Year) 12/05/2019 | | | | | | | 2 | below) | (give title VP G | Other (s below) GM CET | | респу | | | |
| 525 FRENCH ROAD | | | | | | If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) UTICA | NY | . 1 | 3502 | | | ,,,,,,,,, | | | | | | | | Line) X Form filed by One Reporting Person Form filed by More than One Reporting | | | | | |
| (City) | (Sta | te) (Z | Zip) | | | Person | | | | | | | | | | | | | |
| | | Tabl | e I - No | n-Deriv | /ative | Sec | uriti | es Acc | quired | , Dis | posed of | f, or Ber | eficially | Owned | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | Execution Date, | | Transaction Code (Instr. | | 4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4 | | | Beneficia Owned F | s illy ollowing | Form: | Direct Indirect Istr. 4) | 7. Nature of Indirect Beneficial Ownership | | | | |
| | | | | | | | Code | v | Amount | (A) or (D) | Price | Reported Transacti (Instr. 3 a | on(s) | | | (Instr. 4) | | | |
| Common Stock 12/05/ | | | | | 5/2019 | 2019 | | | M | | 19,520 | A | \$51.3 | 24, | 24,017 | | D | | |
| Common Stock 12/05/ | | | | 5/2019 | 2019 | | | F | | 13,555 | D | \$113.9 | 10,462 | | | D | | | |
| | | Т | able II - | | | | | | | | osed of, convertib | | | 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 D if any (Month/Day/ | n Date, | Date, Transact Code (In | | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | e s ally | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership ct (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercis | able | Expiration Date | Title | Amount or Number of Shares | | | | | | |
| Sars (Stock Appreciation Rights) | \$51.3 | 12/05/2019 | | | М | | | 19,520 | (1) | | 02/27/2025 | Common Stock | 19,520 | \$0 | 4,880 | 0 | D | | |

Explanation of Responses:

1. The stock appreciation rights ("SARs") were granted under the Company's 1999 Amended and Restated Long-Term Incentive Plan and generally vest in equal amounts (20%) over a five year period.

Sarah M. Oliker for John (Jed) Kennedy by Power of Attorney

12/06/2019

** 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.