FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP
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**OMB APPROVAL** 3235-0287 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* <u>JONAS DANIEL</u>				er Name <b>and</b> Ticker IMED CORP		-	•		ationship of Reportin ( all applicable) Director	g Person(s) to Issu 10% Ov		
(Last) (First) (Middle)  C/O CONMED CORP  525 FRENCH ROAD  (Street)  UTICA NY 13502-59  (City) (State) (Zip)		(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 03/01/2019						Officer (give title below) below)  EVP Legal Affairs,Gen. Coun		,
		13502-599 (Zip)		nendment, Date of C	Original	Filed	(Month/Day/Ye	6. Indiv Line) X	,			
		Table I - Nor	n-Derivative S	Securities Acq	uired,	Dis	posed of, o	or Ben	eficially	Owned		
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Disposed Of			5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership
				Code V		Amount (A) or (D)		Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)	
Common Sto	ock		03/01/2019		М		1,025	A	\$0	19,596	D	
Common Stock 03/0			03/01/2019		F		399	D	\$78.76	19,197	D	

## Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

F

350

116

**\$0** 

\$78.76

D

19,547

19,431

D

D

(eig.; pato; valio; valio; options; convertible securities)															
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. Transa Code ( 8)		5. Numl Derivati Securiti Acquire or Dispo of (D) (I 4 and 5)	ive ies ed (A) osed nstr. 3,	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 of derivative Securities Beneficially Owned Following Reported	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Transaction(s) (Instr. 4)		
Options To Purchase Common Stock	\$78.76	03/01/2019		A		25,000		(1)	03/01/2029	Common Stock	25,000	\$0	25,000	D	
Rsus (restricted Stock Units)	\$0	03/01/2019		М			1,025	(2)	02/27/2025	Common Stock	1,025	\$0	0	D	
Rsus (restricted Stock Units)	\$0	03/01/2019		M			350	(3)	03/01/2026	Common Stock	350	\$0	350	D	

## Explanation of Responses:

Common Stock

Common Stock

1. The stock options were granted under the Company's 2018 Long-Term Incentive Plan and generally vest in equal amounts over a five year period

03/01/2019

03/01/2019

- 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 Amended and Restated Long-Term Incentive Plan and generally vest in equal amounts (25%) over a four year period.
- 3. 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 2015 Amended and Restated Long-Term Incentive Plan and generally vest in equal amounts (25%) over a four year period.

03/05/2019

\*\* 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.