FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| OMB APPRO | VAL | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 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).

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* Jones Gregory Renard | | | | | | 2. Issuer Name and Ticker or Trading Symbol CONMED CORP [CNMD] | | | | | | | | | | | | (s) to Issuer |
|--|---|--|----------|----------------------------------|---------------------------------|--|---|---|---|------|---|---|--------------------------------|--------------------------|--|---|---|---|
| (Last) | ` | rst) (| Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 08/01/2013 | | | | | | | | > | belo | , | Othe below rate QA/RA | r (specify v) |
| 525 FRI | 4. If A | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | | |
| (Street) UTICA | N | Y | 13502 | | | | | | | | | | | | | rm filed by One Reporting Pers rm filed by More than One Rep erson | | |
| (City) | (Si | tate) (| Zip) | | | | | | | | | | | | | | | |
| | | Tab | le I - N | Non-Deri | ative | Sec | uriti | es A | cquired, | Dis | osed | of, or | Benef | ficiall | y Own | ed | | |
| 11110 01 00001113, (1110011 0) | | | | 2. Transac Date (Month/Da | | Exec if an | 2A. Deemed Execution Date, if any (Month/Day/Year) | | Code (Instr. | | 4. Securities Acquired (AD Disposed Of (D) (Instr. 3 and 5) | | | | Secur Bene Owne | ficially d | 6. Ownership Form: Direct (D) or Indirect (I) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | Code | v | Amoun | it (A |) or) | Price | | | Instr. 4) | (Instr. 4) |
| Common Stock 08/01/20 | | | | | | 13 | | | M | | 200 A | | \$ <mark>0</mark> | 10,710 | | D | | |
| Common Stock 08/01/20 | | | | | 2013 | .3 | | | F | | 73 D S | | \$33.03 | | | D | | |
| | | Ta | able II | | | | | | uired, Di , option: | | | | | | Owned | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | if any | emed ion Date, //Day/Year) | 4. Transac Code (II 8) | | | vative irities uired or osed)) r. 3, | 6. Date Exe Expiration (Month/Day | Date | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | of Der Sec (Ins | Price f erivative ecurity nstr. 5) | 9. Number of derivative securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirec (I) (Instr. 4) | Beneficial Ownership |
| | | | | | | v | V (A) | (D) | Date Exercisable | | piration te | Title | Amo or Num of Shar | ber | | | | |
| Rsus (restricted Stock Units) | \$0 | 08/01/2013 | | | М | | | 200 | (1) | 08/ | /01/2018 | Common | 20 | 00 | \$0 | 0 | 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 2006 Stock Incentive Plan, with the RSUs generally vesting over a five year period with the first 20% of the RSU's vesting one year after the grant date.

<u>Daniel S. Jonas for Gregory R.</u> <u>Jones by Power of Attorney</u>

** Signature of Reporting Person Date

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

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.

 $^{^{\}star}$ 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).