FORM 4

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

Washington, D.C. 20549

| OMB APPROVAL             |           |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|
| 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

| 1. Name and Address of Reporting Person*  Jones Gregory Renard   |  |         |            |           | CON  | 2. Issuer Name and Ticker or Trading Symbol CONMED CORP [ CNMD ] |   |  |  |     |  |       |                        |  |  |   | licable)  | ng Person(s) t   | Owner       |
|--|--|---------|------------|-----------|--|--|---|--|--|-----|--|-------|------------------------|--|--|---|---|--|-------------|
| (Last)   | (Fir   | st) (M  | Middle)    |           |  | 3. Date of Earliest Transaction (Month/Day/Year) 04/01/2010      |   |  |  |     |  |       |                        |  | X  | belov   | ′   | Othe<br>belo<br>Corporate Q  | ,           |
| 525 FRENCH ROAD  |  |         |            |           |  | 4. If Amendment, Date of Original Filed (Month/Day/Year)         |   |  |  |     |  |       |                        |  | Individual or Joint/Group Filing (Check Applicable Line) |   |   |  |             |
| (Street) UTICA   | NY   |         | 3502       |           |  |  |   |  |  |     |  |       |                        |  | X  |   | filed by Mor  | e Reporting P<br>re than One F                                       |             |
| (City)   | (Sta   | ate) (Z | Zip)       |           |  |  |   |  |  |     |  |       |                        |  |  |   |   |  |             |
|  |  | Table   | e I - N    | lon-Deriv | ative S  | Secu   | ıritie                                      | s Acc  | uired,   | Dis | osed o   | f, or | Ben                    | eficia   | ally   | Owne  | ed  |  |             |
| 1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/ |  |         |            |           | //Year)  | Execution Date,  |   |  | 3. 4. Securities Acquired ( Disposed Of (D) (Instr. 3 and 5) |     |  |       |                        |  | 3, 4 Secui   |   | cially<br>I   | 6. Ownership<br>Form: Direct<br>(D) or<br>Indirect (I)<br>(Instr. 4) |             |
|  |  |         |            |           |  |  |   |  | Code   | v   | Amount   |       | (A) or<br>(D)          | Price  | Repoi<br>Trans   |   |   | (111301. 4)  | (111341. 4) |
| Common Stock 04/01/20  |  |         |            |           | 010  |  |   | A  | V  | 45  |  | A     | \$22.                  | 2.62   |  | 463   | D   |  |             |
|  | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) |         |            |           |  |  |   |  |  |     |  |       |                        |  |  |   |   |  |             |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)              | ative Conversion Date Execution Date, ity or Exercise (Month/Day/Year) if any  |         | tion Date, | Code (Ir  | Fransaction of Code (Instr. 3)  Begin of Code (Instr. 3)  Acquire (A) or Disposo of (D) (Instr. 3 and 5) |  | vative<br>rities<br>nired<br>r<br>osed<br>) | G. Date Exercisable and Expiration Date (Month/Day/Year)  Date Exercisable Expiration Date |  |     | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)  Amou or Numb of Title Shares |       | nstr.<br>nount<br>mber | 8. Price<br>of<br>Derivative<br>Security<br>(Instr. 5) |  | 9. Number of<br>derivative<br>Securities<br>Beneficially<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | Ownersh<br>Form:<br>Direct (D<br>or Indire<br>(I) (Instr.<br>4) | Beneficial<br>Ownership  |             |

Explanation of Responses:

<u>Daniel S. Jonas for Gregory R.</u> Jones by Power of Attorney <u>04/02/2010</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.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).