FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	DС	20549	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIF
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OMB APP	ROVAL
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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

Name and Address of Reporting Person*						2. Issuer Name <b>and</b> Ticker or Trading Symbol  CONMED Corp [ CNMD ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)						
<u>Lalomia Brent</u>						COLUMN COLP [ CLAMD ]									Directo	or		10% Ov	vner		
//t)	(F:	:	(NA:-1-11)			Date of Earliest Transaction (Month/Day/Year)								7	X Officer below)	(give title		Other (s	specify		
(Last)	,		(Middle)		03/	03/07/2024										Vic	e Preside	nt O	A and RA		
C/O CONMED CORPORATION																. 100 1 100140111					
11311 CONCEPT BOULEVARD						4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)							
(Ctroot)																X Form	filed by One	e Rep	orting Perso	n	
(Street) LARGO	FI	<u>.</u>	33773												Form filed by More than One Reporting Person						
(City)	(Si	tate) (	(Zip)		Rı	Rule 10b5-1(c) Transaction Indication															
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.															
		Tabl	le I - Nor	า-Deriv	ative	Sec	curitie	es Ac	qui	ired, D	isp	osed o	of, or B	ene	eficial	ly Owne	d				
Date				Day/Year) Executi		A. Deemed xecution Date, any //onth/Day/Year)		,   T	3. 4. Securitie Transaction Code (Instr. 5) r) 8)		ities Acqu d Of (D) (I	ired nstr.	(A) or 3, 4 and	Benefici Owned	es ally Following	Form (D) o	n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
										Code	,	Amount	(A) (D)	or	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Common Stock 03				03/07	7/2024	/2024				M		75	A	1	\$ <mark>0</mark>	983	3.057		D		
Common Stock 03/07				7/2024					F		26 D		\$85	5 957.057			D				
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																					
				· • · ·		Cana	<del></del>		<u> </u>	·	<u> </u>		1		1103/		1		<u> </u>		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Da if any (Month/Day/\)	Date,	4. Transa Code ( 8)				6. Date Exercis Expiration Date (Month/Day/Yea				7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transaction (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exer	e rcisable	E) Da	piration ate	Title	or No	umber						
Rsus (restricted Stock	\$0	03/07/2024			M			75		(1)	03	/07/2032	Commor Stock		75	\$0	150		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 2018 Long-Term Incentive Plan and generally vest in equal amounts (25%) over a four year period.

/s/ Heather L. Cohen for Brent Lalomia by Power of Attorney

03/08/2024

Date

\*\* Signature of Reporting Person

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

- $^{\star}$  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).

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.