FORM 4

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

Washington, D.C. 20549

| OMB APPROVAL             |           |  |  |  |  |  |  |  |
|--------------------------|-----------|--|--|--|--|--|--|--|
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| 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*  JONAS DANIEL                              |                                                                                                                                                               |         |            |                                 |   | 2. Issuer Name and Ticker or Trading Symbol  CONMED CORP [ CNMD ] |                          |                                                                                            |                                                                                                      |        |                                                                                                               |                                      |      |                                                        |                                                             |                                                                                                    | ip of Reporting I<br>plicable)<br>ctor        |                                                     | son(s) to                                                          |                                                                   |  |  |
|----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------------|---------------------------------|---|-------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------|---------------------------------------------------------------------------------------------------------------|--------------------------------------|------|--------------------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------|--|--|
| (Last)                                                                           | (Fire                                                                                                                                                         | , , ,   |            |                                 |   | 3. Date of Earliest Transaction (Month/Day/Year) 06/30/2010       |                          |                                                                                            |                                                                                                      |        |                                                                                                               |                                      |      |                                                        | X                                                           | belov                                                                                              | ficer (give title<br>low)<br>Legal Affairs, ( |                                                     | Other (specify below)                                              |                                                                   |  |  |
| C/O CONMED CORP                                                                  |                                                                                                                                                               |         |            |                                 |   |                                                                   |                          |                                                                                            |                                                                                                      |        |                                                                                                               |                                      |      |                                                        |                                                             | ,                                                                                                  |                                               |                                                     |                                                                    |                                                                   |  |  |
| 525 FRENCH ROAD                                                                  |                                                                                                                                                               |         |            |                                 |   | 4. If Amendment, Date of Original Filed (Month/Day/Year)          |                          |                                                                                            |                                                                                                      |        |                                                                                                               |                                      |      |                                                        | 6. Individual or Joint/Group Filing (Check Applicable Line) |                                                                                                    |                                               |                                                     |                                                                    |                                                                   |  |  |
| (Street)                                                                         |                                                                                                                                                               |         |            |                                 |   |                                                                   |                          |                                                                                            |                                                                                                      |        |                                                                                                               | X Form filed by One Reporting Person |      |                                                        |                                                             |                                                                                                    |                                               |                                                     |                                                                    |                                                                   |  |  |
| UTICA                                                                            | NY                                                                                                                                                            | 1       | 13502-5994 |                                 |   |                                                                   |                          |                                                                                            |                                                                                                      |        |                                                                                                               |                                      |      |                                                        | Form filed by More than One Reporting Person                |                                                                                                    |                                               |                                                     |                                                                    | orting                                                            |  |  |
| (City)                                                                           | (Sta                                                                                                                                                          | ate) (Z | ľip)       |                                 |   |                                                                   |                          |                                                                                            |                                                                                                      |        |                                                                                                               |                                      |      |                                                        |                                                             |                                                                                                    |                                               |                                                     |                                                                    |                                                                   |  |  |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned |                                                                                                                                                               |         |            |                                 |   |                                                                   |                          |                                                                                            |                                                                                                      |        |                                                                                                               |                                      |      |                                                        |                                                             |                                                                                                    |                                               |                                                     |                                                                    |                                                                   |  |  |
| 1. Title of Security (Instr. 3)  2. Transacti Date (Month/Day                    |                                                                                                                                                               |         |            |                                 |   | Execution Date,                                                   |                          |                                                                                            | 3.<br>Transaction<br>Code (Instr.<br>8)  4. Securities Acquired<br>Disposed Of (D) (Instr.<br>and 5) |        |                                                                                                               |                                      |      |                                                        | 3, 4 Secu                                                   |                                                                                                    | cially<br>I                                   |                                                     | ect (I)                                                            | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |  |
|                                                                                  |                                                                                                                                                               | Code    | v          | Amount                          |   |                                                                   |                          |                                                                                            | (A) or<br>(D)                                                                                        | Price  | ,                                                                                                             | Report<br>Transa                     |      |                                                        | • ••)                                                       | (111501. 4)                                                                                        |                                               |                                                     |                                                                    |                                                                   |  |  |
| Common                                                                           | 2010 07.                                                                                                                                                      |         | 7/01/2010  |                                 | Α |                                                                   | 104                      |                                                                                            | A                                                                                                    | \$17.7 |                                                                                                               | 6,962                                |      |                                                        | 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)                              | ive Conversion or Exercise (Month/Day/Year) if any Price of Derivative Security    Conversion Date (Month/Day/Year)   Execution Date, if any (Month/Day/Year) |         |            | 4.<br>Transac<br>Code (li<br>8) |   | of<br>Deriv<br>Secur<br>Acqu<br>(A) or<br>Dispo                   | r<br>osed<br>)<br>. 3, 4 | 6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date |                                                                                                      |        | 7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)  Amou or Numb of Title Share |                                      | ount | 8. Price<br>of<br>Derivative<br>Security<br>(Instr. 5) |                                                             | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) |                                               | vnership<br>vrm:<br>rect (D)<br>Indirect<br>(Instr. | 11. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |                                                                   |  |  |

Explanation of Responses:

Daniel S. Jonas

07/02/2010

\*\* 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> 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).