## FORM 4

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

A / la : 4	$ \sim $	20540
Washington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL									
	OMB Number:	3235-0287								
	Estimated average burden									
-1	houre por reeponee:	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

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1. Name and Address of Reporting Person*  CONCANNON BRIAN					2. Issuer Name <b>and</b> Ticker or Trading Symbol CONMED Corp [ CNMD ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner					
,					. L									X Directo			10% Ov Other (s		
(Last)	(F	irst)	(Middle)					t Trar	nsaction (Mo	onth/E	ay/Year)			Officer (give title Other (sp below) below)					
C/O CO	NMED CO	RPORATION			106	/01/2	2022												
11311 C	ONCEPT B	OULEVARD			4	If Ame	andment	Date	of Original	Filed	(Month/Da	v/Year)	- 6	Individual or J	loint/Group	Filing	(Check An	nlicable	
					٠ [ ٠		SHOTHER.	, Date	or original	i iicu	(Month // Da	y/ roar /	Lin	e)		•			
(Street) LARGO	Fl	Γ.	33773												•		rting Person		
L/ IKGO														Persor		e tnan	One Repor	ting	
(City)	(S	tate)	(Zip)																
		Tak	ole I - Non	-Deriv	/ativ	e Se	curitie	es A	cquired,	Disp	osed o	f, or Be	neficia	lly Owned	l				
, ,				2. Trans Date (Month/			2A. Deemed Execution Date, if any (Month/Day/Year		te, Transaction Dispose Code (Instr. 5)		Disposed	ities Acquired (A) o d Of (D) (Instr. 3, 4 a		Benefici	es ally Following	Form:	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount (A) or (D)		Price	Reported Transact (Instr. 3	tion(s)				
Common Stock 06					1/202	1/2022		М		812	A		11,	,884		D			
		•	Table II - I											/ Owned					
						call	<del>-</del>		s, optior			1							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day	ate,	4. Transaction Code (Instr. 8)				6. Date Exercisal Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e C s F lly C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisabl		Expiration Date	Title	Amount or Number of Shares						
Rsus (restricted Stock Units)	\$0	06/01/2022			M			812	06/01/2022	2(1)	06/01/2031	Common Stock	812	\$0	0		D		
Options To Purchase Common Stock	\$111.79	06/01/2022			A		3,453		06/01/2023	3(2)	06/01/2032	Common Stock	3,453	\$0	3,453	3	D		
Rsus (restricted Stock	\$0	06/01/2022			A		335		06/01/2023	3(1)	06/01/2032	Common Stock	335	\$0	335		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 2020 Amended and Restated Non-Employee Director Equity Compensation Plan, with the RSUs generally vesting 100% after a one year period.

2. The stock options were granted under the Company's 2020 Amended and Restated Non-Employee Director Equity Compensation Plan and generally vest 100% after a one year period.

Sarah M. Oliker for Brian

Concannon by Power of

06/02/2022

**Attorney** 

\*\* 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.