FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Check this box if no longer subject to |
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| Section 16. Form 4 or Form 5 |
| obligations may continue. See |
| |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* <u>Cohen Heather L</u> | | | | | | 2. Issuer Name and Ticker or Trading Symbol CONMED CORP [CNMD] | | | | | | | | (Ch | eck all ap Dire | ip of Reportin plicable) ector cer (give title | ng Person(s) to Is 10% C | |
|--|---|--|-------|--------------------------------------|---|--|--|------------------------------|--------|--------------------------------------|--|----------|--|--|---|---|--|---|
| (Last) (First) (Middle) C/O CONMED CORPORATION 525 FRENCH ROAD | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 03/29/2019 | | | | | | | | | 7 | belo | ow) | below ORP HR | |
| (Street) UTICA NY 13502 (City) (State) (Zip) | | | | | 4. If <i>i</i> | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Line |) X For | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | |
| Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transa Date (Month/D | | | | | | Execution Date, | | | Code | Transaction Disposed Code (Instr. 5) | | | ties Acquired (A) I Of (D) (Instr. 3, 4 | | Secu Bene | ficially ed Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | Code | V | Amount | () (I | A) or D) | Price | Trans | saction(s) . 3 and 4) | | (Instr. 4) |
| Common Stock 03/29/2 | | | | | | 2019 | | A | v | 300 | | Α | \$79.0 | 2 | 16,448 | D | | |
| Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | ivative Conversion Date Execution or Exercise (Month/Day/Year) if any | | Date, | 4. Transaction Code (Instr. 8) | | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Expirat (Month | ion Da | | Amount of Securities Underlying Derivative Security (Instr. and 4) | | str. 3 | Price of erivative ecurity nstr. 5) | 9. Number of derivative Securities Beneficial Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |

Explanation of Responses:

/s/ Sarah M. Oliker for Heather Cohen by Power of Attorney

04/02/2019

** Signature of Reporting Person

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.