FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden

0.5

hours per response:

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 <b>and</b> Ticker or Trading Symbol CONMED CORP [ CNMD ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner						
(Last) (First) (Middle) C/O CONMED CORP 525 FRENCH ROAD					3. Date of Earliest Transaction (Month/Day/Year) 03/29/2019								X	Offic	cer (give title		Other (specify below)			
(Street) UTICA NY 13502-5994 (City) (State) (Zip)			94	4. If Amendment, Date of Original Filed (Month/Day/Year)								. Individine) X	ividual 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					Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year	Code	Transaction Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			nd	5. Amount of Securities Beneficially Owned Following Reported		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								v	Amount		(A) or (D)	Drice		Transaction(s) (Instr. 3 and 4)				(instr. 4)		
Common Stock 03/29/					/2019		A	V	226		A	\$79	79.02 19,657		9,657	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execution if any	BA. Deemed 4 Execution Date, 1 f any C Month/Day/Year) 8			6. Date E Expiration (Month/I	on Date		Amount of		ıstr. 3	8. Price of Derivative Security (Instr. 5)		9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Own Forn Direc or In (I) (Ir		11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Date Exercisable

Expiration Date

**Explanation of Responses:** 

Daniel S. Jonas

Title

04/02/2019

Date

\*\* Signature of Reporting Person

Amount Number

of Shares

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

Code

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.

(A) (D)

<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).