FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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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).

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

1. Name and Address of Reporting Person [*] GOLDEN JO ANN						2. Issuer Name and Ticker or Trading Symbol CONMED CORP [CNMD]										Relationshi heck all app X Direc	licable)		erson(s) to Issuer 10% Owner	
(Last)	(Last) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 06/01/2014									Office below	er (give title v)		Other (below)	specify		
C/O CONMED CORP 525 FRENCH ROAD						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Lir	ne)	ividual or Joint/Group Filing (Check Applicable			
(Street) UTICA NY 13502-5				5994	-										Form	Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S	tate)	(Zip)																	
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) Date (Month/Day						Ex if a	2A. Deemed Execution Date, if any (Month/Day/Year)			Transaction Dispose Code (Instr. and 5)			urities Acquired (A sed Of (D) (Instr. 3,				cially I	For (D) Indi	irect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
							Ca	ode	v	Amoun		A) or D)	Price	Repor Transa		(Instr. 4)		(1150. 4)		
Common Stock 06/01/24										М		200	0	Α	\$() 1	12,193		D	
Common Stock 06/01/20						Γ				М		3,00	00	A \$) 1	15,193		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)	if any	med on Date, Day/Year)	4. Transac Code (Ir 8)		ion Number			6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		str. 3	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownershi Form: Direct (D) or Indirec (I) (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr.	Beneficial Ownership
					Code	v	(A)	(D)	Date Exerc	isable	Ex Da	piration te	Title	or Ni of	umber					
Rsus (restricted Stock Units)	\$0	06/01/2014			М			200	((1)	06,	/01/2019	Comm Stoc		200	\$0	0		D	
Rsus (restricted Stock Units)	\$0	06/01/2014			М			3,000	06/01/	/2014 ⁽²⁾	06,	/01/2023	Comm Stocl		,000	\$0	0		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 2007 Amended and Restated Non-Employee Director Equity Compensation Plan, with the RSUs generally vesting 20% per year over a five year period, with any unvested RSUs to vest and be delivered upon the Director's termination of service provided the Director has completed one full year of service since the date of the award.

2. 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 2007 Amended and Restated Non-Employee Director Equity Compensation Plan, with the RSUs generally vesting 100% after a one year period.



** 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.