SEC For																				
Check	FORM	UNITED STATES SECURITIES AND EXCHANGE COMMIS Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSI												OMB APPROVAL			VAL 3235-0287			
Section 16. Form 4 or Form 5 obligations may continue. See						l pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940												verage burd sponse:	en 0.5	
1. Name and Address of Reporting Person <sup>*</sup> Schwarzentraub Barbara J							2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>CONMED Corp</u> [ CNMD ]									5. Relationship of Reporting Person( (Check all applicable) X Director				
(Last)	st) (First) (Middle) CONMED CORPORATION				06/0	3. Date of Earliest Transaction (Month/Day/Year) 06/01/2023									below)			below)	specify	
11311 CONCEPT BOULEVARD				4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person						
(Street) LARGO FL			33773	- Ru	Rule 10b5-1(c) Transaction Indication											filed by More than One Reporting on				
(City) (State) (Z			(Zip)			Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Tab	le I - Non	-Deriv	/ative	Se	curitie	es Ac	cquired, I	Disp	osed o	of, or B	ene	ficial	ly Owned	ł				
1. Title of Security (Instr. 3) 2. Trans: Date (Month/L					Execution Date			Code (Instr. 5)						Forn (D) c	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount (		) or )	Price	Transact (Instr. 3	tion(s)			(11511. 4)	
Common Stock 06/01/2					1/2023	023		М		335 A		\$ <mark>0</mark>	3,563			D				
		٦							quired, Di s, options						Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)		4. Transaction Code (Instr. 8)		5. Number of		6. Date Exercisal Expiration Date (Month/Day/Year		ole and	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securitie: Beneficia Owned Following Reported Transacti (Instr. 4)	e s Illy g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownershi (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	0 N O	lumber						
Rsus (restricted Stock Units)	\$0	06/01/2023			М			335	06/01/2023 <sup>(:</sup>	<sup>1)</sup> 0	6/01/2032	Commo Stock		335	\$0	0		D		
Rsus (restricted Stock Units)	\$0	06/01/2023			A		302		06/01/2024 <sup>(:</sup>	<sup>1)</sup> 0	6/01/2033	Commo Stock		302	\$0	302		D		
Options To Purchase Common Stock	\$123.79	06/01/2023			А		2,826		06/01/2024 <sup>(2</sup>	<sup>2)</sup> 0	6/01/2033	Commo Stock		2,826	\$0	2,826	6	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.

/s/Daniel S. Jonas for Barbara	
L Schwarzentraub by Power of	(

J. Schwarzentraub by Power of 06/02/2023

<u>Attorney</u>

\*\* Signature of Reporting Person Date

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

 $^{\ast}$  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.