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

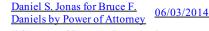
Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person [*] DANIELS BRUCE						2. Issuer Name and Ticker or Trading Symbol CONMED CORP [CNMD]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner				
(Last)	(First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 06/01/2014										Office	Officer (give title below)			specify
406 ROSS COURT						4. If Amendment, Date of Original Filed (Month/Day/Year)										Individual o	vidual or Joint/Group Filing (Check Applicable			
(Street) NEW HARTFO																X Form	orm filed by One Reporting Person orm filed by More than One Reporting erson			
(City)	(S	(State) (Zip)																		
		Tab	le I - N	lon-Deriv	vative	Sec	urit	ies A	cqı	uired, D	Disp	osed o	of, or	Ben	eficia	Ily Owne	ed			
1. Title of Security (Instr. 3) Date (Month/Da						2A. Deemed Execution Date, if any (Month/Day/Year)			:,	Transaction Dispo Code (Instr. and 5)			urities Acquired (/ sed Of (D) (Instr. 3)			Securi Benefi Owned	cially I	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
			Code	v	Amoun					(A) or (D)	Price	Repor Transa	Following Reported Transaction(s) (Instr. 3 and 4)		str. 4)	(Instr. 4)				
Common Stock 06/01/2										М		200	0	Α	\$() 3	3,600		D	
Common Stock 06/01/2						014						3,00	00	A \$0) 6	6,600		D	
		Та	able II							red, Dis options						y Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Dee Executi if any (Month/		4. Transac Code (Ir 8)		ion Number			6. Date Exercisable ar Expiration Date (Month/Day/Year)			Amount of Securities Underlying Derivative Security (Instr. and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Dat Exe	te ercisable	Expiratio Date		Title	o N o	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 Stoc		3,000	\$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.