FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

OMB APPROVAL								
OMB Number:	3235-0287							
Estimated average burden								
hours per response:	0.5							

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*  CORASANTI EUGENE R						2. Issuer Name and Ticker or Trading Symbol CONMED CORP [ CNMD ]									neck all a	ship of Reporti applicable) rector	ng Persoi	Person(s) to Issuer		
(Last) 525 FREN	`	(First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 08/15/2003									X be	fficer (give title elow) airman of th	e Board	Other (specify below)		
(Street) LITICA (City)	NY (Sta		3502 Zip)		4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)									ne) X Fo	ridual 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. Transaction Date (Month/Day)						Execution Da			3. Transaction Code (Instr.		4. Securities Acquired Disposed Of (D) (Instr. and 5)			Sec Bei Ow	Amount of curities neficially ned lowing	6. Owne Form: D (D) or Indirect (Instr. 4	irect	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code	v	Amount	(A (C	() or	Price	Re <sub>l</sub> Tra	ported Insaction(s) Str. 3 and 4)	(		(						
Common Stock 08/15/20						003			G		1,000	)	D	\$0.0	00	346,001				
Common Stock														63,787		I		Spouse		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
Derivative Security (Instr. 3)	erivative Conversion Date Execut ecurity or Exercise (Month/Day/Year) if any		emed ion Date, //Day/Year)  Code (in		nstr.			6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Expiration Exercisable Date			7. Title and Amount of Securities Underlying Derivative Security (Instr 3 and 4)  Amoun or Numboof Title Shares		unt ber	8. Price of Derivati Security (Instr. 5	Beneficially	Own Forn Direc or In (I) (Ir 4)	ct (D) direct	11. Nature of Indirect Beneficial Ownership (Instr. 4)		

Explanation of Responses:

Eugene Corasanti

08/15/2003

\*\* Signature of Reporting Person Date

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

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.

 $<sup>^{\</sup>star}$  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).