FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL						
OMB Number: 3235-02						
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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

Name and Address of Reporting Person* JONAS DANIEL						2. Issuer Name and Ticker or Trading Symbol CONMED CORP [CNMD]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last)	(Fi	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 03/01/2017								below)	10		below)	· / I	
525 FRENCH ROAD				4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line)						
(Street) UTICA NY 13502-5994				_)	X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City)	(S	tate)	(Zip)																
		Tab	le I - N	Non-Deri	vative \$	Secu	urities	Acq	uired,	Dis	oosed of	, or Ber	eficiall	y Owned					
1. Title of Security (Instr. 3) 2. Transacti Date (Month/Day					Execution Date,			3. Transaction Code (Instr. 8) 4. Securities Acquired (Disposed Of (D) (Instr. 3 and 5)					5. Amou Securitie Beneficia Owned	s ally		: Direct	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Followin Reported Transact (Instr. 3	d tion(s)		. 4)	(Instr. 4)	
Common Stock 03			03/01/2	2017	017			M		1,025	A	\$0	16,938			D			
Common Stock 03			03/01/2	2017				F		434	D	\$41.93	16,504		D				
Common Stock 03/0				03/01/2	017				M		350	A	A \$0		854	D			
Common Stock 03/01/20				2017	017			F		148	D	\$41.93	93 16,706			D			
			Tab								osed of, or onvertible			vned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	ate Execution		4. Transact Code (In 8)			6. Date Expirati (Month/	on D			of s ng e	8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s)		10. Ownership Form: Direct (D) or Indirec (I) (Instr. 4)	Beneficial Ownership		
					Code	ode V (A) (D)		Date Exercisable		Expiration Date	Title	or Number of Shares		(Instr. 4)					

Explanation of Responses:

\$41.93

\$0

Rsus (restricted

Stock Units) Rsus (restricted

Stock

Units) Options

Purchase

Common Stock

- 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 1999 Amended and Restated Long-Term Incentive Plan and generally vest in equal amounts (25%) over a four year period.
- 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 2015 Amended and Restated Long-Term Incentive Plan and generally vest in equal amounts (25%) over a four year period.
- 3. The incentive stock options ("ISOs") were granted under the Company's 2015 Amended and Restated Long-Term Incentive Plan and generally vest in equal amounts over a five year period

25,000

1,025

350

(1)

(2)

(3)

M

M

A

03/03/2017 Daniel S. Jonas

** Signature of Reporting Person Date

02/27/2025

03/01/2026

03/01/2027

Commor

Stock

Common

Stock

Common

Stock

1,025

350

25,000

\$0

\$<mark>0</mark>

2,050

1,050

25,000

D

D

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).

03/01/2017

03/01/2017

03/01/2017

** 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.	