FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549	

STATEMENT	OF CHANGES	S IN BENEFIC	IAL OWNER	SHIP

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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).

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* Cohen Heather L						2. Issuer Name and Ticker or Trading Symbol CONMED Corp [CNMD]										ionship of Reportin all applicable) Director Officer (give title		10% O Other (wner (specify
		st) (MRPORATION OULEVARD	Middl	e)		3. Date of Earliest Transaction (Month/Day/Year) 05/05/2021									below	v) belo		below)		
(Street) LARGO (City)	FL	3	3773 Zip)	3	4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Indiv Line) X	ridual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
		Table	1 - 1	Non-Deriva	tive	Secur	rities	Ac	quir	ed, D	Disp	osed c	of, or I	3enefic	cially	Own	ed			
1. Title of Security (Instr. 3)				2. Transaction Date (Month/Day/Ye	2A. Deen Executio if any (Month/D		on Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 ar			d 5) Securi Benefi		cially I Following	Form (D) o	ı: Direct r ect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Am	ount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)		(,	(111341. 4)
Common Stock 05/05/					1	1			S		4	4,017	D \$141		673 ⁽¹⁾ 2		25,056		D	
Common Stock 05/05/202					1	<u> </u>			S			450	D	\$143.3	327 ⁽²⁾	24,606			D	
Common	Stock			05/05/202	1			S		150 D \$1		\$144.	.15 ⁽³⁾ 2		24,456		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)	Exe if ar	Deemed cution Date, iy nth/Day/Year)		action (Instr.	5. Nu of Deriv Secu Acqu (A) of Dispo of (D) (Instrand 5	ative rities ired osed	Expiration Date (Month/Day/Year)			Amo Secu Unde Deriv	rlying ative rity (Instr	Deri Sec (Ins	rice of ivative urity tr. 5)	tive derivative ty Securities	Ownership Form: Direct (D) or Indirect (I) (Instr. 4		11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	Code V (A) (D)			Date) Exercisab			Expiratior Date	Title	Amount or Number of Shares						

Explanation of Responses:

- 1. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$141.30 to \$142.14. Full information regarding the number of shares sold at each separate price will be provided upon request of the Commission staff, CONMED, or a CONMED security holder.
- 2. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$142.82 to \$143.76. Full information regarding the number of shares sold at each separate price will be provided upon request of the Commission staff, CONMED, or a CONMED security holder.
- 3. The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$143.83 to \$144.79. Full information regarding the number of shares sold at each separate price will be provided upon request of the Commission staff, CONMED, or a CONMED security holder.

/s/ Sarah M. Oliker for Heather Cohen by Power of 05/06/2021 Attorney

<u>attorney</u>

** 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.