FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL							
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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

													_						a	
Name and Address of Reporting Person*  JONES ALEXANDER					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)	st) (First) (Middle) 29 CHAPEL CROSSING						3. Date of Earliest Transaction (Month/Day/Year) 05/16/2006								X Officer (give title Other (specify below) below)  VP/Corporate Sales					
5029 CHAPEL CROSSING						4. If Amendment, Data of Original Filed (Menth/Day/V)									6. Individual or Joint/Group Filing (Check Applicable					
(Street) DOUGLASVILLE GA 30135					4. If Amendment, Date of Original Filed (Month/Day/Year)									Line) X Form filed by One Reporting Person						
(City)	(Sta			Form filed by More than One Person											One Rep	orung				
		Table	e I - N	on-Deriv	ative S	ecu	rities	Ac	quired, [	Disp	osed of,	or Bene	ficially	Owned						
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					y/Year)	cution Date, ny		3. Transaction Code (Instr. 8) 4. Securitie Disposed Code (5)				5. Amount of Securities Beneficially Owned Following		6. Ownership Form: Direct (D) or Indirect (I)		7. Nature of Indirect Beneficial Ownership (Instr. 4)				
									Code	v	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		(Instr. 4)		(111501.4)		
Common Stock												4,16	61		D					
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned  (e.g., puts, calls, warrants, options, convertible securities)																			
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	if any	emed ion Date, n/Day/Year)	4. Transaction Code (Instr. 8)		on Number E		6. Date Exe Expiration (Month/Day	Date	Amount of		of s ig	8. Price of Derivative Security (Instr. 5)	9. Numb derivati Securiti Benefic Owned Followi Reporte Transac (Instr. 4	ve Owner Form: Direct or India (I) (Inseed 4)		(D) Beneficial Ownership rect (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		expiration vate	Title	Amount or Number of Shares							
RSUs (Restricted Stock Units) <sup>(1)</sup>	(1)	05/16/2006			A		1,000		05/16/2007 <sup>(</sup>	(1) 0	5/16/2016 <sup>(1)</sup>	Common Stock	1,000	\$0	1,0	00	D			
SAR's (Stock Appreciation Rights) <sup>(2)</sup>	\$19.93 <sup>(2)</sup>	05/16/2006			A		2,500		05/16/2007 <sup>(</sup>	(2) 0	5/16/2016 <sup>(2)</sup>	Common Stock	2,500	\$0 <sup>(3)</sup>	2,5	00	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 2006 Stock Incentive Plan, with the RSUs generally vesting over a five year period with the first 20% of the RSU's vesting one year after the grant date.
- 2. The stock appreciation rights ("SARs") were granted under the Issuer's 2006 Stock Incentive Plan and generally vest in equal amounts over a five year period.
- 3. The SARs were granted at no cost to the Reporting Person.

/s/ Alexander Jones 05/18/2006

\*\* 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.