SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

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

	d Address of Repo	rting Person [*]	2. Date of Even Requiring State (Month/Day/Yea	ment	at 12 and Ticker or Trading Symbol CONMED CORP [CNMD]					
(Last) 42 POND (Street) DUNSTA (City)		(Middle) 01827 (Zip)	11/08/2004 	4.	 Relationship of Reporting Pers (Check all applicable) X Director Officer (give title below) 	son(s) to Issu 10% Own Other (spe below)	er 6. Ir	hth/Day/Year) dividual or Joir licable Line) Form filed b Person	Date of Original Filed nt/Group Filing (Check by One Reporting by More than One Person	
			Table I - Noi	n-Derivati	ve Securities Beneficiall	y Owned				
1. Title of Security (Instr. 4)					Amount of Securities eneficially Owned (Instr. 4)			. Nature of Indirect Beneficial Ownership Instr. 5)		
					Securities Beneficially nts, options, convertible		s)			
1. Title of Derivative Security (Instr. 4)			2. Date Exerc Expiration Da (Month/Day/Y	ite	3. Title and Amount of Securi Underlying Derivative Securi		4. Conversion or	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
			Date Exercisable	Expiration Date	Title	Amount or Number of Shares		Direct (D) or Indirect (I) (Instr. 5)		
Options to	purchase Com	non Stock	11/08/2005	11/08/2015	Common Stock	10,000	27.06	D		

Explanation of Responses:

/s/Dennis M. Werger

11/08/2004

** 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 5 (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.