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

Name and Address of Reporting Person*     JONAS DANIEL					2. Issuer Name and Ticker or Trading Symbol CONMED CORP [ CNMD ]									Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director 10% Owner				
(Last)	(Fir	,	Middle)		3. Date of Earliest Transaction (Month/Day/Year) 11/10/2014									belo	,	Oth bek irs,Gen. Co	,	
525 FRENCH ROAD					4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)				
(Street) UTICA	NY	? 1	3502-5994										1	Form	Form filed by One Reporting Person Form filed by More than One Reporting Person			
(City)	(Sta	ate) (Z	Zip)															
		Tabl	e I - Non-De	rivative	Sec	uritie	s Acc	quired,	Disp	osed o	f, or E	Bene	ficiall	y Own	ed			
1. Title of Security (Instr. 3)  2. Transact Date (Month/Dat					Execution Date,			3. Transaction Code (Instr. 8)  4. Securities Acquired Disposed Of (D) (Instr. and 5)					Secur Benet Owne	urities eficially ned	6. Ownership Form: Direct (D) or Indirect (I)	of Indirect Beneficial Ownership		
								Code	v	Amount	(A (D	) or )	Price			(Instr. 4)	(Instr. 4)	
Common Stock 11/10/2				0/2014	2014		G	V	250	D \$0		1	11,306					
		Та	ble II - Deri (e.g.	ative S puts, c			•	,	•	,			•	Owned	I			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date if any (Month/Day/Ye	4. Transa	4. Transaction Code (Instr.		vative urities uired or cosed	6. Date Exercisable and Expiration Date (Month/Day/Year)					8 o D S (I	Price f erivative ecurity nstr. 5)	Beneficially	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership	
Evalonation				Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amo or Num of Shar	ber					

Explanation of Responses:

Daniel S. Jonas

11/12/2014

\*\* 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> 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).