Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| wasnington, | D.C. | 20549 | |
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APP | ROVAL | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| hours per response: | | | | | | | | | |

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* Peterson Jaclyn | | | | | 2. Issuer Name and Ticker or Trading Symbol CONMED Corp [CNMD] | | | | | | | | | Relationshi heck all app Direc | vner specify | | | | |
|---|---|--|--|---------|--|---|----------------------------------|-----|---|--|--------------------|---|--|--|--------------------------------------|---|--|--|--|
| | NMED CO | rst) RPORATION OULEVARD | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/10/2022 | | | | | | | | VP of Mfg. & Adv. Engineering | | | | | |
| (Street) LARGO (City) | FI (S | tate) | 33773 (Zip) | n-Deriv | , | Line) X For | | | | | | | | | | | | | |
| | | | 2. Transaction Date (Month/Day/Year) | | Execution Date, | | Transaction Dispose Code (Instr. | | | ities Acquired (A) od d Of (D) (Instr. 3, 4 | | d 5) Securi Benefi | cially I Following | Forn (D) o | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | Transa | ied iction(s) 3 and 4) | | | (Instr. 4) | |
| Common Stock 05/10/ | | | | 2022 | | | | М | | 500 | A | \$0 | | 733 | | D | | | |
| Common Stock 05/10/2 | | | | 2022 | 2022 | | | F | | 154 | D \$1 | | .31 | 1 579 | | D | | | |
| | | Т | able II - | | | | | | | | | , or Ben ible sec | | y Owned | I | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deen Executio if any (Month/D | n Date, | 4. Transa Code (i 8) | | n of I | | 6. Date Exercisa Expiration Date (Month/Day/Yea | | 9 | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | 8. Price o Derivative Security (Instr. 5) | | e s lly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | | Date Exercisal | | Expiration Date | Title | Amount or Number of Shares | 1 | | | | | |
| Rsus (restricted Stock | \$0 | 05/10/2022 | | | M | | | 500 | (1) | | 05/10/2031 | Common Stock | 500 | \$0 | 1,500 |) | 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 2018 Long-Term Incentive Plan and generally vest in equal amounts (25%) over a four year period.

Sarah M. Oliker for Jaclyn Peterson by Power of Attorney

05/12/2022

** Signature of Reporting Person

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.