FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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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).

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

1. Name and Address of Reporting Person [*] MANDIA STEPHEN						2. Issuer Name and Ticker or Trading Symbol CONMED CORP [CNMD]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last)	(Fi	(First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 05/16/2010										Offic	Director Officer (give title below)		10% C Other below)	(specify	
12 GILBERT STREET						4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) NEW HARTFO																X Forr	Form filed by One Reporting Form filed by More than One Person				
(City)	(S	(State) (Zip)																			
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned Image: Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Transac Date (Month/Da						Exe if a	2A. Deemed Execution Date, if any (Month/Day/Year)						curities Acquired (A osed Of (D) (Instr. 3,)			4 Secu	ficially ed	Fo (D) Ind	Ownership rm: Direct) or direct (I) str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
								Code	,	v	Amou		(A) or (D)		e Repo			50.4)	(1150.4)		
Common Stock 05/16/2					2010	010			М			20	0	Α	\$	0	4,550		D		
Common Stock 05/18/2					2010	010			M			200		Α	\$	0	4,750		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)	if any	med on Date, Day/Year)	4. Transac Code (Ir 8)		Secu Acqu (A) c	vative urities uired or oosed)) tr. 3,	Expiratio	. Date Exercisable an xpiration Date Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		ir. 3	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code			Date Exercisa			ration	Title	or Nui of	nount mber ares							
Rsus (restricted Stock Units)	\$0	05/16/2010			М			200	(1)		05/16/2018		Commo Stock	ⁿ 2	200	\$0	600		D		
Rsus (restricted Stock Units)	\$0	05/18/2010			М			200	(1)		05/1	8/2017	Commo Stock	ⁿ 2	:00	\$0	400		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 2007 Non-Employee Director Equity Compensation Plan, with the RSUs generally vesting 20% per year over a five year period, with any unvested RSUs to vest and be delivered upon the Director's termination of service provided the Director has completed one full year of service since the date of the award.

Daniel S. Jonas for Stephen M. 05/18/2010

Mandia by Power of Attorney

** 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.