Edgar Filing: CONMED CORP - Form 4

CONMED G Form 4 October 02,											
FORM	ЛЛ								OMB AP	PROVAL	
-	UNITED	STATES			ND EX , D.C. 20		NGE C	OMMISSION	OMB Number:	3235-0287	
Check the									Expires:	January 31,	
if no longer subject to STATEMENT OF CHAN				NGES IN BENEFICIAL OWN				ERSHIP OF	Estimated a	2005 Laverage	
	Section 16. SECURITIES							burden hours per			
Form 4 o Form 5				-) - 6 41	C	т.	···· 1····· ·	A £ 1024	response	0.5	
obligatio							•	Act of 1934,			
may con	tinue. Section 17(of the Inve	•	•	· ·	•	1935 or Section	1		
<i>See</i> Instr 1(b).	ruction	50(II) (suncin	Compar	ly AC)			
1(0).											
(Print or Type	Responses)										
	Address of Reporting	Person [*]	2. Issuer N	r Name and Ticker or Trading				5. Relationship of	Reporting Perso	on(s) to	
JONAS DA	NIEL		Symbol					Issuer			
			CONMED CORP [CNMD]					(Check all applicable)			
(Last)	(First) (1	Middle)	3. Date of Ea	arliest T	ransaction				•• •		
			(Month/Day/Year)					Director 10% Owner X Officer (give title Other (specify			
C/O CONMED CORP, 525 09/3 FRENCH ROAD			09/30/2013					below) below)			
IKLINCIII	NOAD							EVP Legal	Affairs,Gen. Co	ounsel	
(Street) 4			4. If Amendment, Date Original					6. Individual or Joint/Group Filing(Check			
Filed				Day/Yea	r)			Applicable Line)			
UTICA, NY 13502-5994								_X_ Form filed by One Reporting Person Form filed by More than One Reporting			
UTICA, N	1 15502-5994							Person			
(City)	(State)	(Zip)	Table I	- Non-I	Derivative	Secur	ities Acqu	ired, Disposed of,	or Beneficiall	y Owned	
1.Title of	2. Transaction Date	2A. Deemo	ed 3.		4. Securi	ties A	cquired	5. Amount of	6.	7. Nature of	
Security	(Month/Day/Year)	Execution	Date, if Ti	ransactio	on(A) or Di	ispose	d of (D)	Securities	Ownership	Indirect	
(Instr. 3)		any (Month/De		Code (Instr. 3, 4 and 5)) (Instr. 8)				Beneficially Owned	Form: Direct Benef (D) or Owne		
		(Month/Da	ay/1cal) (ll	iisu. <i>6)</i>				Following	Indirect (I)	Ownership (Instr. 4)	
						(A)		Reported	(Instr. 4)		
						or		Transaction(s) (Instr. 3 and 4)			
C			С	ode V	Amount	(D)	Price	(msu: 5 and 4)			
Common Stock	09/30/2013			A V	72	А	\$ 32.262	7,538	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

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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/Year)	4. Transactic Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	ate	7. Title Amoun Underl Securi (Instr.	nt of lying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Own Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Addres	S	Relationships							
	Director	10% Owner	Officer	Other					
JONAS DANIEL C/O CONMED CORP 525 FRENCH ROAD UTICA, NY 13502-5994			EVP Legal Affairs,Gen. Counsel						
Signatures									
Daniel S. Jonas	10/02/2013								
<u>**</u> Signature of Reporting Person	Date								

Explanation of Responses:

* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.