Edgar Filing: CONMED CORP - Form 4

CONMED (CORP										
Form 4											
December 1	5, 2015										
FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION								OMB APPROVAL			
UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549								OMB Number:	3235-0287		
if no longer							Expires:	January 31, 2005			
subject to STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Section 16. SECURITIES						EKSHIP OF	Estimated average burden hours per				
Form 4 or Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940									response	0.5	
(Print or Type	Responses)										
BRONSON DAVID M Symbol				r Name and Ticker or Trading ED CORP [CNMD]				5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First) ((Middle)	3. Date o	f Earliest T	ransaction			(Check	all applicable)	
C/O CONM CORPORA ROAD	1ED TION, 525 FRE	NCH	(Month/I 12/11/2	Day/Year) 2015				X Director Officer (give t below)		Owner er (specify	
	(Street)		4. If Am	endment, Date Original				6. Individual or Joint/Group Filing(Check			
	· · · · · · · · · · · · · · · · · · ·			nth/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
UTICA, NY	Y 13502							Person	ore than One Re	porting	
(City)	(State)	(Zip)	Tab	le I - Non-	Derivative	e Secu	rities Acqu	iired, Disposed of,	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	ed 3. 4. Securi Date, if Transactionor Dispo Code (Instr. 3, ay/Year) (Instr. 8)			4 and 5)		5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
				Code V	Amount	(A) or (D)	Price \$	Transaction(s) (Instr. 3 and 4)	(I) (Instr. 4)		
Common Stock	12/11/2015			Р	1,500	A	\$ 41.0147 (<u>1)</u>	1,500	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)

Reporting Owners

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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. 6. Date Exercisable pNumber Expiration Date of (Month/Day/Year) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Amou Unde Secur	le and int of rlying ities . 3 and 4)	8. Price of Derivative Security (Instr. 5)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address

C/O CONMED CORPORATION

BRONSON DAVID M

525 FRENCH ROAD UTICA, NY 13502

Signatures

Sarah M. Oliker for David M. Bronson by Power of Attorney

**Signature of Reporting Person

Explanation of Responses:

If the form is filed by more than one reporting person, see Instruction 4(b)(v).

Director

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** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Relationships

10% Owner Officer Other

The price reported in Column 4 is a weighted average price. These shares were purchased in multiple transactions at prices ranging from (1) \$40.99 to \$41.13. Full information regarding the number of shares purchased at each separate price will be provided upon request of the commission staff, ConMed, or a ConMed security holder.

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.

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Dwn Follo Repo Frans Inst

Date

12/15/2015