Edgar Filing: CONMED CORP - Form 4

| Form 4 | , | | | | | | | | | | | |
|---|---|--------------|---------------------------------|--|------------------------------------|---|--|--|---|---|-----------|--|
| May 19, 2006 | | | | | | | | | | | A 1 | |
| FORM 4 | UNITED | STATES | SECUI | RITIES | AND I | EXC | HANGE | E COMMISSIO | | APPROV | ۸L | |
| | | | | shington | | | | | Number: | | -0287 | |
| Check this box if no longer | | | Expires: | Janua | ry 31, 2005 | | | | | | | |
| subject to Section 16. Form 4 or | IENT OF | | SECU | RITIE | Estimated burden ho response | stimated average urden hours per | | | | | | |
| Form 5 obligations may continue. <i>See</i> Instruction 1(b). | Form 5 obligations may continue.Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,See InstructionSection 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 | | | | | | | | | | | |
| (Print or Type Respor | nses) | | | | | | | | | | | |
| 1. Name and Address MATTHEWS W | 2. Issuer Name and Ticker or Trading Symbol CONMED CORP [CNMD] | | | | | 5. Relationship of Reporting Person(s) to Issuer | | | | | | |
| (Last) (| (First) (I | Middle) | 3. Date of Earliest Transaction | | | | | (Check all applicable) | | | | |
| 621 PATIO CIRO | (Month/Day/Year) 05/17/2006 | | | | | X_ Director 10% Owner Officer (give title Other (specify below) below) | | | | | | |
| () | 4. If Amendment, Date Original Filed(Month/Day/Year) | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person | | | | | | |
| ONEIDA, NY 13 | | | | | | Form filed by More than One Reporting Person | | | | | | |
| (City) (S | State) | (Zip) | Tab | ole I - Non- | Derivat | tive S | Securities A | Acquired, Disposed | of, or Benefici | ally Owne | d | |
| | nnsaction Date th/Day/Year) | | Date, if | 3. Transactio Code (Instr. 8) | Dispo | ired (osed c . 3, 4 | A) or | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirec (I) (Instr. 4) | 7. Natur Indirect Benefici Ownersh (Instr. 4) | al 1ip | |
| | | | | Code V | Amou | unt | (D) Price | (instr. 5 and 4) | | | | |
| Reminder: Report on | a separate line | for each cla | ass of sec | urities bene | • | | • | | | | | |
| | | | | | inf rec dis | form: quire | ation cont ed to resp /s a curre | spond to the colle tained in this form ond unless the fo ntly valid OMB co | n are not orm | SEC 1474 (9-02) | | |

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

| 1. Title of | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. Number | 6. Date Exercisable and | 7. Title and Amount | 8. |
|-------------|-------------|---------------------|--------------------|------------|----------------|-------------------------|---------------------|----|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transactio | nof Derivative | Expiration Date | of Underlying | D |
| Security | or Exercise | | any | Code | Securities | (Month/Day/Year) | Securities | Se |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Acquired | | (Instr. 3 and 4) | (I |

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| | Derivative Security | | | (A) orDisposed of(D)(Instr. 3, 4, and 5) | | | | | | |
|--|------------------------|------------|------|---|-------|-----|---------------------|--------------------|-----------------|--|
| | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Options to purchase common stock | \$ 19.78 | 05/17/2006 | А | | 4,500 | | 05/17/2007 | 05/17/2016 | common stock | 4,500 |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | | |
|--|---------------|-----------|---------|-------|--|--|--|--|--|
| I O | Director | 10% Owner | Officer | Other | | | | | |
| MATTHEWS WILLIAM 621 PATIO CIRCLE DRIVE ONEIDA, NY 13421 | Х | | | | | | | | |
| Signatures | | | | | | | | | |
| /s/ William D. Matthews | 05/19/200 | 6 | | | | | | | |
| **Signature of Reporting | 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.

Person