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CONMED CORP

Form 4 March 03, 20)16										
Check thi if no long subject to Section 1 Form 4 o Form 5 obligation may cont <i>See</i> Instru 1(b).	I 4 UNITE is box ger 6. r Filed p Section 1'	Was F CHAN Section 1 Public Ut	Shington, GES IN SECUR 6(a) of the	D.C. 20 BENEFI ITIES e Securit ling Con	COMMISSION NERSHIP OF e Act of 1934, f 1935 or Section 0	Sind3235-0281Number:January 31Expires:2009Estimated averageburden hours perresponse0.5					
(Print or Type F	Responses)										
1. Name and Address of Reporting Person <u>*</u> Peters Stanley W III			2. Issuer Name and Ticker or Trading Symbol CONMED CORP [CNMD]					5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) C/O CONM CORPORA' ROAD	(First) ED TION, 525 FRH	(Middle) ENCH	3. Date of (Month/D 03/01/20	-	ansaction			Director X Officer (give below)	10%	Owner er (specify	
UTICA, NY				endment, Date Original onth/Day/Year)				 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting 			
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Aca	Person uired, Disposed of	or Beneficial	ly Owned	
1.Title of Security (Instr. 3)	e of 2. Transaction Date 2A. Deemed ty (Month/Day/Year) Execution Date, if		3.4. Securities AcquiredTransaction(A) or Disposed of (D)Code(Instr. 3, 4 and 5)				5. Amount of Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial		
Common Stock	03/01/2016			Code V M	Amount 400	(D) A	Price \$ 0	(instr. 5 and 4) 801	D		
Common Stock	03/01/2016			F	131	D	\$ 39.87	670	D		

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

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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)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transacti Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Rsus (restricted Stock Units)	\$ 0	03/01/2016		М		400	<u>(1)</u>	02/27/2025	Common Stock	400
Rsus (restricted Stock Units)	\$ 0	03/01/2016		А	1,700		(2)	03/01/2026	Common Stock	1,700
Options To Purchase Common Stock	\$ 39.87	03/01/2016		А	32,700		(3)	03/01/2026	Common Stock	32,700

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Peters Stanley W III C/O CONMED CORPORATION 525 FRENCH ROAD UTICA, NY 13502			VP GM Advanced Surgery				
Signatures							

/s/ Sarah M. Oliker for Stanley W. Peters III by Power of Attorney 03/03/2016

**Signature of Reporting Person

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).

Each restricted stock unit ("RSU") represents a contingent right to receive one share of common stock, par value \$0.01 per share of
 (1) ConMed Corporation (the "Company") and will be subject to the terms and conditions of the Company's 1999 Amended and Restated Long-Term Incentive Plan and generally vest in equal amounts (25%) over a four year period.

Date

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Each restricted stock unit ("RSU") represents a contingent right to receive one share of common stock, par value \$0.01 per share of
(2) ConMed Corporation (the "Company") and will be subject to the terms and conditions of the Company's 2015 Amended and Restated Long-Term Incentive Plan and generally vest in equal amounts (25%) over a four year period.

(3) The incentive stock options ("ISOs") were granted under the Company's 2015 Amended and Restated Long-Term Incentive Plan and generally vest in equal amounts over a five year period

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.