### Edgar Filing: CONMED CORP - Form 4

CONMED C	CORP											
Form 4												
March 03, 20	017											
FORM 4 LINITED STATES SECURITIES AND EXCHANCE COMMU								OMB APPROVAL				
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB Number:	r. 3235-0287			
Check th	v v ca	Washington, D.C. 20349						January 31,				
if no long subject to Section 1	.6.	STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF								Expires: 2005 Estimated average burden hours per		
Form 4 o Form 5 obligatio may cont <i>See</i> Instru 1(b).	Filed p ns Section 1	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										
(Print or Type I	Responses)											
1. Name and Address of Reporting Person <u>*</u> Ruiz-Caban Wilfredo			2. Issuer Name <b>and</b> Ticker or Trading Symbol CONMED CORP [CNMD]					5. Relationship of Reporting Person(s) to Issuer				
(Last)	(First)	(Middle)	3. Date of Earliest Transaction (Check					k all applicable)				
C/O CONM CORPORA ROAD	IED TION, 525 FRI	ENCH	(Month/D 03/01/20	ay/Year)				Director X Officer (give below) EVP QA,		Owner er (specify tions		
	(Street)		Filed(Month/Day/Year) App				6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person					
UTICA, NY	13502							Form filed by M Person				
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	, or Beneficial	ly Owned		
1.Title of Security (Instr. 3)	any		med on Date, if Day/Year)	3. Transactio Code (Instr. 8)				5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)			
				Code V	Amount	or (D)	Price	Transaction(s) (Instr. 3 and 4)				
Common Stock	03/01/2017			М	375	А	\$ 0	375	D			
Common Stock	03/01/2017			F	142	D	\$ 41.93	233	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. Transactio Code (Instr. 8)	orDerivative Securities Acquired Disposed	Securities (Month/Day/Year) Acquired (A) or Disposed of (D) (Instr. 3, 4, and		ate	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	03/01/2017		М		375	<u>(1)</u>	03/01/2026	Common Stock	375
Options To Purchase Common Stock	\$ 41.93	03/01/2017		A	30,000		(2)	03/01/2027	Common Stock	30,000
Rsus (restricted Stock Units)	\$ 0	03/01/2017		A	1,600		<u>(1)</u>	03/01/2027	Common Stock	1,600

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Ruiz-Caban Wilfredo C/O CONMED CORPORATION 525 FRENCH ROAD UTICA, NY 13502			EVP QA, RA and Operations				
Signatures							

Sarah M. Oliker for Wilfredo Ruiz-Caban 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).
- \*\* 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 2015 Amended and Restated Long-Term Incentive Plan and generally vest in equal amounts (25%) over a four year period.

03/03/2017

Date

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(2) 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.