Edgar Filing: CONMED CORP - Form 4

| CONMED C | CORP | | | | | | | | | | |
|---|---------------------|-------------------------------------|-------------------------------|---|-----------|---------|--------------------------|---|---------------------------------------|------------------------|--|
| Form 4 | _ | | | | | | | | | | |
| May 30, 200 | | | | | | | | | | | |
| FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION | | | | | | | | | OMB APPROVAL | | |
| | UNITED S | SIAIES | | | | | NGE C | .011111155101N | OMB Number: | 3235-0287 | |
| Check thi | is box | X | | | | | | | | January 31, | |
| if no long | IENT OF | F CHANGES IN BENEFICIAL OWNERSHIP O | | | | | NERSHIP OF | Expires: 2005 | | | |
| subject to STATEMENT OF CHA | | | | SECURITIES | | | | | Estimated average burden hours per | | |
| Form 4 or | | | | | | | | | response 0.5 | | |
| Form 5 | Filed pure | suant to Se | ection 10 | 6(a) of the | e Securit | ies E | xchang | e Act of 1934, | · | | |
| obligation may cont | | | | • | • | · · | | 1935 or Section | n | | |
| See Instru | | 30(h) o | of the In | vestment | Compan | y Ac | t of 194 | 0 | | | |
| 1(b). | | | | | | | | | | | |
| (Print or Type F | Responses) | | | | | | | | | | |
| SHALLISH ROBERT D JR Symbol Issuer | | | | | | - | f Reporting Person(s) to | | | | |
| | | | | | | 100.401 | | | | | |
| | | | | CONMED CORP [CNMD] | | | | (Check all applicable) | | | |
| (Month/I | | | | Date of Earliest Transaction Ionth/Day/Year) 5/26/2006 | | | | Director 10% Owner X Officer (give title Other (specify below) below) V.P Finance, CFO | | | |
| | | | | | | | | | | | |
| | | | 012012000 | | | | | | | | |
| | | | 4 If Amo | Amendment, Date Original d(Month/Day/Year) | | | | | | | |
| | | | | | | | | 6. Individual or Joint/Group Filing(Check Applicable Line) | | | |
| SYRACUSE, NY 13215 | | | | nur Dayr (Car) | | | | _X_ Form filed by One Reporting Person Form filed by More than One Reporting | | | |
| | 2,111 10210 | | | | | | | Person | | | |
| (City) | (State) | (Zip) | Tabl | e I - Non-D | erivative | Secur | ities Acq | uired, Disposed of | , or Beneficial | ly Owned | |
| 1.Title of | 2. Transaction Date | 2A. Deeme | med 3. 4. Securities Acquired | | | | | 5. Amount of | 6. Ownership | | |
| Security | (Month/Day/Year) | Execution | Date, if | Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) | | | | Beneficially (D | Form: Direct (D) or | Indirect Beneficial | |
| (Instr. 3) | | any (Month/Da | ay/Year) | Code (Instr. 3, 4 and 5) (Instr. 8) | | | Indirect (I) | | Ownership | | |
| | | | • | | | | | Following | (Instr. 4) | (Instr. 4) | |
| | | | | | | (A) | | Reported Transaction(s) | | | |
| | | | | Code V | A | or | Duine | (Instr. 3 and 4) | | | |
| | | | | Code V | Amount | (D) | Price \$ | | | | |
| Common | 05/26/2006 | | | G | 1,000 | D | φ 19.37 | 9,776 | D | | |
| Stock | | | | | , | | (1) | | | | |

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. Titl Amou Under Secur (Instr. | nt of lying | 8. Price of Derivative Security (Instr. 5) | 9. Nu Deriv Secu Bene Owne Follo Repo Trans (Instr |
|---|---|---|---|--|---|---------------------|--------------------|--|--|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | | | |
|--|---------------|-----------|------------------|-------|--|--|--|--|
| | Director | 10% Owner | Officer | Other | | | | |
| SHALLISH ROBERT D JR 4375 OLYMPUS HEIGHTS SYRACUSE, NY 13215 | | | V.P Finance, CFO | | | | | |
| Signatures | | | | | | | | |
| /s/ Robert D. Shallish Jr. | 05/30/2006 | 5 | | | | | | |
| <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).

(1) The shares indicated were a bona fide gift. The value shown (19.37) was the closing price from 5/26/06.

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.