CONMED CORP Form 3 June 04, 2008

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF

OMB APPROVAL

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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

(Print or Type Responses)

(City)

(State)

1. Name and Address of Reporting 2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol Person * Statement CONMED CORP [CNMD] A Cohen Heather L (Month/Day/Year) 06/02/2008 (Last) (First) (Middle) 4. Relationship of Reporting 5. If Amendment, Date Original Person(s) to Issuer Filed(Month/Day/Year) 105 ARLINGTON ROAD (Check all applicable) (Street) 6. Individual or Joint/Group Filing(Check Applicable Line) 10% Owner Director _X_ Form filed by One Reporting _X__ Officer Other Person UTICA, NYÂ 13501 (give title below) (specify below) Form filed by More than One VP-Corp HR & Deputy Gen. Reporting Person Couns

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security 2. Amount of Securities 3. 4. Nature of Indirect Beneficial (Instr. 4) Beneficially Owned Ownership Ownership (Instr. 4) Form: (Instr. 5) Direct (D) or Indirect (I) (Instr. 5) Common Stock 2,570 D Â Common Stock 300 Ι spouse

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

(Zip)

SEC 1473 (7-02)

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

1. Title of Derivative Security	2. Date Exercisable and Expiration	3. Title and Amount of	4.	5.	6. Nature of
(Instr. 4)	Date	Securities Underlying	Conversion	Ownership	Indirect
	(Month/Day/Year)	Derivative Security	or Exercise	Form of	Beneficial
		(Instr. 4)	Price of	Derivative	Ownership
			Derivative	Security:	(Instr. 5)

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	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Security	Direct (D) or Indirect (I) (Instr. 5)	
Stock Options	03/07/2003	03/07/2012	Common Stock	4,000	\$ 22.25	D	Â
Stock Options	05/14/2003	05/14/2012	Common Stock	1,200	\$ 25.89	D	Â
Stock Options	05/20/2004	05/20/2013	Common Stock	4,000	\$ 17.74	D	Â
Stock Options	05/18/2005	05/18/2014	Common Stock	5,000	\$ 25.03	D	Â
Stock Options	05/17/2006	05/17/2015	Common Stock	5,000	\$ 31.4	D	Â
RSUs (Restricted Stock Units) (1)	05/16/2007(1)	05/16/2016(1)	Common Stock	600	\$ (3)	D	Â
SARs (Stock Appreciation Rights) (2)	05/16/2007(2)	05/16/2016(2)	Common Stock	2,500	\$ 19.93	D	Â
SARs (Stock Appreciation Rights) (2)	05/17/2008(2)	05/17/2017(2)	Common Stock	2,500	\$ 29.92	D	Â
RSUs(Restricted Stock Units) (1)	05/17/2008(1)	05/17/2017(1)	Common Stock	800	\$ <u>(3)</u>	D	Â
SARs (Stock Appreciation Rights) (2)	06/01/2009(2)	06/01/2018(2)	Common Stock	2,500	\$ 26.69	D	Â
RSUs (Restricted Stock Units) (1)	06/01/2009(1)	06/01/2018(1)	Common Stock	1,000	\$ (3)	D	Â
RSUs (Restricted Stock Units) (1)	06/02/2009(1)	06/02/2018(1)	Common Stock	3,000	\$ (3)	D	Â

Reporting Owners

Reporting Owner Name / Address	Keiauonsnips				
	Director	10% Owner	Officer	Other	
Cohen Heather L 105 ARLINGTON ROAD UTICA, NY 13501	Â	Â	VP-Corp HR & Deputy Gen. Couns	Â	

Signatures

Heather L. Cohen	06/04/2008	
**Signature of Reporting Person	Date	

Reporting Owners 2

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Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 5(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 2006 Stock Incentive Plan, with the RSUs vesting in equal amounts over a ten year period.
- (2) The stock appreciation rights ("SARs") were granted under the Company's 2006 Stock Incentive Plan and generally vest in equal amounts over a five year period.
- (3) The RSUs and SARs were granted at no cost to the Reporting Person

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.