Folkert Nathan Form 4 March 05, 2019

FORM 4

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

Check this box if no longer subject to Section 16.

Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Number: Expires:

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Expires: January 31, 2005

OMB APPROVAL

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Form 5 obligations may continue. *See* Instruction 1(b).

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)

1. Name and Address of Reporting Person **
Folkert Nathan

2. Issuer Name and Ticker or Trading
Symbol
CONMED CORP [CNMD]

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

(Last) (First) (M

(Middle)

3. Date of Earliest Transaction

(Month/Day/Year) 03/01/2019 ____ Director _____ 10% Owner X_ Officer (give title _____ Other (specify

below) below) VP GM Orthopedics

C/O CONMED CORPORATION, 525 FRENCH ROAD

(Street) 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 ___ Form filed by More than One Reporting

UTICA, NY 13502

(City)	(State)	Zip) Table	e I - Non-D	erivative	Secur	ities Acqu	uired, Disposed of	, or Beneficiall	y Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	tion Date 2A. Deemed ny/Year) Execution Date, if any (Month/Day/Year)		4. Securities Acquired on(A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code V	Amount	(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		
Common Stock	03/01/2019		M	500	A	\$0	1,468	D	
Common Stock	03/01/2019		F	149	D	\$ 78.76	1,319	D	
Common Stock	03/01/2019		M	400	A	\$ 0	1,719	D	
Common Stock	03/01/2019		F	119	D	\$ 78.76	1,600	D	

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

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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 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)	nDerivative Expira		6. Date Exer Expiration D (Month/Day/	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
Options To Purchase Common Stock	\$ 78.76	03/01/2019		A	32,000		<u>(1)</u>	03/01/2029	Common Stock	32,000
Rsus (restricted Stock Units)	\$ 0	03/01/2019		M		500	<u>(2)</u>	03/01/2026	Common Stock	500
Rsus (restricted Stock Units)	\$ 0	03/01/2019		M		400	(2)	03/01/2027	Common Stock	400

Reporting Owners

**Signature of Reporting Person

Reporting Owner Name / Address	Relationships							
. 6	Director	10% Owner	Officer	Other				
Folkert Nathan C/O CONMED CORPORATION 525 FRENCH ROAD UTICA, NY 13502			VP GM Orthopedics					
Signatures								
Daniel S. Jonas for Nathan Folkert Attorney	by Power	r of	03/05/2019					

Reporting Owners 2

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 stock options were granted under the Company's 2018 Long-Term Incentive Plan and generally vest in equal amounts over a five year period
- 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.

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.