Edgar Filing: CONMED CORP - Form 4

CONMED CORP

Form 4											
October 03, 2006 FORM 4 UNITED STATES SECURITIES AND EXCHANCE COMMISSION									OMB APPROVAL		
	UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMMISSION	OMB Number:	3235-0287	
Check th if no lon subject t Section Form 4 d	ger STATEN 16.								Expires: Estimated a burden hour response	•	
may con	Form 5 obligations may continue.Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,See InstructionSection 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 <u>*</u> SHALLISH ROBERT D JR				2. issuer i kunte und i tener of i fuding				5. Relationship of Reporting Person(s) to Issuer			
		CONMED CORP [CNMD]					(Check all applicable)				
()			3. Date of Earliest Transaction (Month/Day/Year) 10/02/2006					Director 10% Owner X Officer (give title Other (specify below) below) V.P Finance, CFO			
				-				6. Individual or Joint/Group Filing(Check			
Filed(Month/Day/Year) SYRACUSE, NY 13215					r)			Applicable Line) _X_ Form filed by O Form filed by Mo Person			
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secu		iired, Disposed of,	or Beneficial	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/Da	ed Date, if	3. Transactic Code (Instr. 8) Code V	4. Securit nor Dispos (Instr. 3,	ties Ao sed of	cquired (A) (D)		6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	10/02/2006	10/02/20)06	A	88	A	\$ 20.0545	12,957	D		

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.	10/03/2000	6						
**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).

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.