**CONMED CORP** Form 4

## FORM 4

May 09, 2007

#### **OMB APPROVAL**

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION

**OMB** 3235-0287 Number:

Check this box if no longer subject to Section 16. Form 4 or

Washington, D.C. 20549

January 31, Expires: 2005

Form 5 obligations STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Estimated average burden hours per response... 0.5

5 Relationship of Reporting Person(s) to

may continue. See Instruction

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

1(b).

Common

Common

Stock

Stock

05/08/2007

(Print or Type Responses)

1 Name and Address of Reporting Person \*

		2. Issuer Name and Ticker or Trading Symbol CONMED CORP [CNMD]			Issuer  (Check all applicable)			
(Last) (First)	(Middle) 3. Date of	3. Date of Earliest Transaction			(Check an applicable)			
3991 GULF SHORES BLVD. N. (Month/Da 05/07/20					_X_ Director 10% Owner Officer (give title Other (specify below) Chairman of Board & Vice Chair			
			mendment, Date Original Month/Day/Year)			6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person		
NAPLES, FL 34103					Form filed by More than One Reporting Person			
(City) (State)	(Zip) Tab	le I - Non-D	erivative Se	curities Ac	quired, Disposed	of, or Beneficia	lly Owned	
Security (Month/Day/Y (Instr. 3)	Date 2A. Deemed ear) Execution Date, if any (Month/Day/Year	Code		(A) or of (D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common 05/07/2007		S	4,070	D \$31	229,276	D		

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

S

1,627 D

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control

D

Ι

\$ 31 227,649

8,787

Spouse

#### Edgar Filing: CONMED CORP - Form 4

#### number.

## Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Tit	le of	2.	3. Transaction Date	3A. Deemed	4.	5.	6. Date Exerc	cisable and	7. Title	e and	8. Price of	9. Nu
Deriv	ative	Conversion	(Month/Day/Year)	Execution Date, if	Transacti	orNumber	Expiration D	ate	Amou	nt of	Derivative	Deriv
Secur	ity	or Exercise		any	Code	of	(Month/Day/	Year)	Under	lying	Security	Secui
(Instr	. 3)	Price of		(Month/Day/Year)	(Instr. 8)	Derivative	e		Securi	ties	(Instr. 5)	Bene
		Derivative				Securities			(Instr.	3 and 4)		Owne
		Security				Acquired						Follo
		•				(A) or						Repo
						Disposed						Trans
						of (D)						(Instr
						(Instr. 3,						
						4, and 5)						
										Amount		
										Amount		
							Date	Expiration		Or		
							Exercisable	Date		Number of		
					C-J- V	(A) (D)						
					Code V	(A) (D)				Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Keiauonsnips
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Director 10% Owner Officer Other

CORASANTI EUGENE R 3991 GULF SHORES BLVD. N. NAPLES, FL 34103

X

Chairman of Board & Vice Chair

### **Signatures**

/s/ Eugene R. O5/09/2007 Corasanti

\*\*Signature of Reporting Date
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).

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.

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