#### MANDIA STEPHEN

Form 4 May 18, 2010

# FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

if no longer subject to Section 16. Form 4 or Form 5

Check this box

obligations 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

**SECURITIES** 

30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1(b).

1. Name and Address of Reporting Person \* MANDIA STEPHEN

2. Issuer Name and Ticker or Trading Symbol

5. Relationship of Reporting Person(s) to

**OMB APPROVAL** 

Estimated average

burden hours per

3235-0287

January 31,

2005

0.5

**OMB** 

Number:

Expires:

response...

Issuer

(Last)

(City)

12 GILBERT STREET

(First)

(Middle)

(Zip)

CONMED CORP [CNMD] 3. Date of Earliest Transaction

(Month/Day/Year)

05/16/2010

X\_ Director 10% Owner Officer (give title Other (specify

(Check all applicable)

below)

(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

Person

NEW HARTFORD, NY 13413

(State)

(City)	(State) (Z	Zip) Table	I - Non-De	erivative S	Securi	ties Ac	quired, Disposed	of, or Beneficia	lly Owned
1.Title of Security	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if	3. Transactio	4. Securities onAcquired (A) or Disposed of (D)			5. Amount of Securities Beneficially	6. Ownership Form: Direct (D) or	7. Nature of Indirect Beneficial
(Instr. 3)	(	any	Code						
		(Month/Day/Year) (Instr. 8) (Instr. 3, 4 and 5)  (A) or		5)	Owned Indirect (I) Following (Instr. 4) Reported Transaction(s) (Instr. 3 and 4)		Ownership (Instr. 4)		
~			Code V	Amount	(D)	Price	(mstr. 3 und 1)		
Common Stock	05/16/2010		M	200	A	\$0	4,550	D	
Common Stock	05/18/2010		M	200	A	\$0	4,750	D	

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

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 number.

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

#### Edgar Filing: MANDIA STEPHEN - Form 4

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1. Title Deriva Securit (Instr.	tive ty	2. Conversion or Exercise Price of Derivative Security	e any Code Derivativ (Month/Day/Year) (Instr. 8) Securities		vative nrities uired or posed O) er. 3, 4,	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
Rsus (restri Stock Units)		\$ 0	05/16/2010		M		200	<u>(1)</u>	05/16/2018	Common Stock	200
Rsus (restri Stock Units		\$ 0	05/18/2010		M		200	<u>(1)</u>	05/18/2017	Common Stock	200

### **Reporting Owners**

NEW HARTFORD, NY 13413

Reporting Owner Name / Address	Relationships						
1 8	Director	10% Owner	Officer Other				
MANDIA STEPHEN							
12 GILBERT STREET	X						

### **Signatures**

Daniel S. Jonas for Stephen M. Mandia by Power of
Attorney

\*\*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).

Each restricted stock unit ("RSU") represents a contingent right to receive one share of common stock, par value \$0.01 per share of ConMed Corporation (the "Company") and will be subject to the terms and conditions of the Company's 2007 Non-Employee Director

(1) Equity Compensation Plan, with the RSUs generally vesting 20% per year over a five year period, with any unvested RSUs to vest and be delivered upon the Director's termination of service provided the Director has completed one full year of service since the date of the award.

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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