**CONMED CORP** Form 4 August 05, 2008

### FORM 4

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

OMB 3235-0287 Number:

**OMB APPROVAL** 

Check this box if no longer subject to Section 16.

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

January 31, Expires: 2005 Estimated average

0.5

burden hours per

response...

5. Relationship of Reporting Person(s) to

Issuer

Form 4 or Form 5 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

30(h) of the Investment Company Act of 1940

2. Issuer Name and Ticker or Trading

Symbol

1(b).

(Print or Type Responses)

ABRAHAM WILLIAM

1. Name and Address of Reporting Person \*

08/04/2008

stock

			CONMED CORP [CNMD]						(Check all applicable)		
(Last) (First) (Middle)  C/O CONMED CORP, 525 FRENCH ROAD			3. Date of Earliest Transaction (Month/Day/Year) 08/04/2008						Director 10% Owner Senior Vice President		
				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		
(City)	(State)	(State) (Zip) Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned									ly Owned
1.Title of Security (Instr. 3)	2. Transaction (Month/Day/Y	any	med on Date, if Day/Year)	Code (Instr.	8)	4. Securi n(A) or Di (Instr. 3,	(A)	d of (D) 5)	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 stock	08/04/2008			Code M	V	Amount 8,400	(D)	Price \$ 19.83	72,749	D	
common stock	08/04/2008			S		400	D	\$ 31.07	72,349	D	
common stock	08/04/2008			S		1,400	D	\$ 31.08	70,949	D	
common stock	08/04/2008			S		3,000	D	\$ 31.09	67,949	D	
common	08/04/2008			S		3,500	D	\$ 31.1	64,449	D	

S

3,500

D

\$ 31.1 64,449

D

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

common stock	08/04/2008	S	100	D	\$ 31.11	64,349	D
common stock	08/05/2008	M	3,132	A	\$ 19.83	67,481	D
common stock	08/05/2008	S	3,132	D	\$ 31.1	64,349	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 required to respond unless the form displays a currently valid OMB control number.

(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)	5. Number proof Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		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
opt to purchase common stock	\$ 19.83	08/04/2008		M		8,400	04/27/2000	04/27/2009	common stock	8,400
opt to purchase common stock	\$ 19.83	08/05/2008		M		3,132	04/27/2000	04/27/2009	common stock	3,132

# **Reporting Owners**

UTICA, NY 13502

Reporting Owner Name / Address				
	Director	10% Owner	Officer	Other
ABRAHAM WILLIAM				
C/O CONMED CORP			Senior Vice President	
525 FRENCH ROAD			Sellioi vice Flesidelli	

Reporting Owners 2

Relationships

Edgar Filing: CONMED CORP - Form 4

## **Signatures**

Daniel S. Jonas for William W. Abraham by Power of Attorney

08/05/2008

\*\*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.

Signatures 3