Edgar Filing: CONMED CORP - Form 4

Form 4											
May 18, 200 FORN Check th if no long subject to Section 1 Form 4 o Form 5 obligation	14 UNITED is box ger 5 6. r Filed pun as Section 17(RITIES AND EXCHANGE COMMISSION shington, D.C. 20549 NGES IN BENEFICIAL OWNERSHIP OF SECURITIES 16(a) of the Securities Exchange Act of 1934, Itility Holding Company Act of 1935 or Section					N OMB Number: Expires: Estimated burden hou response	Number:3235-0287Expires:January 31, 2005Estimated average burden hours per response0.5			
may cont <i>See</i> Instru 1(b).	inue.			nvestment	•	-	•				
(Print or Type I	Responses)										
Murray David R Syn				2. Issuer Name and Ticker or Trading Symbol CONMED CORP [CNMD]				5. Relationship of Reporting Person(s) to Issuer			
(Last) (First) (Middle)			3. Date of Earliest Transaction (Month/Day/Year) 05/16/2006					(Check all applicable) Director 10% Owner X Officer (give title Other (specify below) below) PRESIDENT - ELECTROSURGERY			
				If Amendment, Date Original led(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			
	OCK, CO 80108							Person	More than One R	eporung	
(City)	(State)	(Zip)	Tab	le I - Non-I	Derivative	Secu	rities A	cquired, Disposed	of, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deeme Execution I any (Month/Day	Date, if	3. Transactio Code (Instr. 8)	Disposed (Instr. 3, 4	(A) or of (D 4 and (A) or) 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)	
Reminder: Ren	ort on a separate line	e for each cla	ss of sec	Code V urities benet		(D) ned di	Price rectly o	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)

1. Title of	2.	3. Transaction Date	3A. Deemed	4.	5. Number	6. Date Exercisable and Expiration	7. Title and An
Derivative	Conversion	(Month/Day/Year)	Execution Date, if	Transactio	onof Derivative	Date	Underlying Sec
Security	or Exercise		any	Code	Securities	(Month/Day/Year)	(Instr. 3 and 4)

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(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8)] (Acquired (A) or Disposed (D) (Instr. 3, 4 and 5)				
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title
RSUs (Restricted Stock Units)	<u>(1)</u>	05/16/2006		А		2,000		05/16/2007 <u>(1)</u>	05/16/2016 <u>(1)</u>	Common Stock
SAR's (Stock Appreciation Rights) (2)	\$ 19.93	05/16/2006		A		5,000		05/16/2007 <u>(2)</u>	05/16/2016 <u>(2)</u>	Common Stock

Reporting Owners

Reporting Owner Name / Address	Relationships							
1	Director	10% Owner	Officer	Other				
Murray David R 504 PROVIDENCE DRIVE CASTLE ROCK, CO 80108			PRESIDENT - ELECTROSURGERY					
Signatures								

/s/ David R. 05/18/2006 Murray **Signature of Date

Reporting 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).

Each restricted stock unit ("RSU") represents a contingent right to receive one share of common stock, par value \$0.01 per share of (1) ConMed Corporation (the "Company") and will be subject to the terms and conditions of the Company's 2006 Stock Incentive Plan, with the RSUs generally vesting over a five year period with the first 20% of the RSU's vesting one year after the grant date.

- The stock appreciation rights ("SARs") were granted under the Issuer's 2006 Stock Incentive Plan and generally vest in equal amounts (2) over a five year period.
- (3) The SARs were granted at no cost to the Reporting Person.

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.