CONMED CORP Form 4 May 08, 2007

## FORM 4

#### OMB APPROVAL

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

OMB Number: 3235-0287

Check this box if no longer subject to Section 16. Form 4 or Expires: January 31, 2005

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Estimated average burden hours per response... 0.5

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

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person * JONAS DANIEL |             |          | 2. Issuer Name <b>and</b> Ticker or Trading Symbol | 5. Relationship of Reporting Person(s) to Issuer   |  |  |  |
|--|-------------|----------|--|--|--|--|--|
|  |             |          | CONMED CORP [CNMD]                                 | (Check all applicable)   |  |  |  |
| (Last)   | (First)     | (Middle) | 3. Date of Earliest Transaction                    |  |  |  |  |
| 316 HIGHLAND AVENUE (Street)                           |             |          | (Month/Day/Year)<br>05/07/2007                     | Director 10% Owner _X Officer (give title Other (special below)  VP/Legal Affairs/Gen. Counsel       |  |  |  |
|  |             |          | 4. If Amendment, Date Original                     | 6. Individual or Joint/Group Filing(Check  |  |  |  |
| SYRACUSE   | E, NY 13203 |          | Filed(Month/Day/Year)                              | Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person |  |  |  |
| (City)   | (State)     | (Zip)    | Toble I Non Derivative Securities A                | aguired Disposed of ar Repolicially Own  |  |  |  |

| (City)          | (State) (2          | Table              | I - Non-Do | erivative S | Securi    | ties Ac    | quired, Disposed | of, or Beneficial | lly Owned    |
|-----------------|---------------------|--------------------|------------|-------------|-----------|------------|------------------|-------------------|--------------|
| 1.Title of      | 2. Transaction Date | 2A. Deemed         | 3.         | 4. Securi   | ities     |            | 5. Amount of     | 6. Ownership      | 7. Nature of |
| Security        | (Month/Day/Year)    | Execution Date, if | Transactio | onAcquired  | d (A) c   | or         | Securities       | Form: Direct      | Indirect     |
| (Instr. 3)      |                     | any                | Code       | Disposed    | d of (D   | ))         | Beneficially     | (D) or            | Beneficial   |
|                 |                     | (Month/Day/Year)   | (Instr. 8) | (Instr. 3,  | 4 and     | 5)         | Owned            | Indirect (I)      | Ownership    |
|                 |                     |                    |            |             |           |            | Following        | (Instr. 4)        | (Instr. 4)   |
|                 |                     |                    |            |             | (4)       |            | Reported         |                   |              |
|                 |                     |                    |            |             | (A)       |            | Transaction(s)   |                   |              |
|                 |                     |                    | Code V     | Amount      | or<br>(D) | Price      | (Instr. 3 and 4) |                   |              |
| Common<br>Stock | 05/07/2007          |                    | G          | 338         | D         | <u>(1)</u> | 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 information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1474

(9-02)

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

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

| 1. Title of | 2.          | 3. Transaction Date | 3A. Deemed         | 4.          | 5.         | 6. Date Exer    | cisable and   | 7. Title  | and      | 8. Price of | 9. Nu  |
|-------------|-------------|---------------------|--------------------|-------------|------------|-----------------|---------------|-----------|----------|-------------|--------|
| Derivative  | Conversion  | (Month/Day/Year)    | Execution Date, if | Transaction | orNumber   | Expiration Date |               | Amour     | nt of    | Derivative  | Deriv  |
| Security    | or Exercise |                     | any                | Code        | of         | (Month/Day/     | Year)         | Underl    | ying     | Security    | Secui  |
| (Instr. 3)  | Price of    |                     | (Month/Day/Year)   | (Instr. 8)  | Derivative | e               |               | Securit   | ies      | (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)  |                 |               |           |          |             |        |
|             |             |                     |                    |             |            |                 |               |           | A        |             |        |
|             |             |                     |                    |             |            |                 |               |           | Amount   |             |        |
|             |             |                     |                    |             |            | Date            | Expiration    |           | or       |             |        |
|             |             |                     |                    |             |            | Exercisable     | rcisable Date |           |          |             |        |
|             |             |                     |                    | ~           |            |                 |               |           | of       |             |        |
|             |             |                     |                    | Code V      | (A) (D)    |                 |               |           | Shares   |             |        |

## **Reporting Owners**

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

JONAS DANIEL 316 HIGHLAND AVENUE SYRACUSE, NY 13203

VP/Legal Affairs/Gen. Counsel

### **Signatures**

/s/ Daniel Jonas 05/08/2007

\*\*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).
- (1) Shares indicated were a bona fide gift. The value shown was the closing price from 12/14/06

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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