#### Edgar Filing: CONMED CORP - Form 3

CONMED CORP Form 3 May 18, 2007

### FORM 3

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

OMB APPROVAL

OMB Number:

3235-0104 January 31,

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INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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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

(Print or Type Responses)

1. Name and Add TRYNISK	*	_	2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol CONMED CORP [CNMD]					
(Last)	(First)	(Middle)	(Month/Day/Year) 05/18/2007	4. Relationship of Reporting Person(s) to Issuer			5. If Amendment, Date Origina Filed(Month/Day/Year)		
1964 PENFO	LD WAY								
	(Street)			(Check all applicable)			6. Individual or Joint/Group		
BALDWINS	VILLE, î	NYÂ 13027		X Direc Office (give title be)	Owner	ıer	Filing(Check Applicable Line) _X_Form filed by One Reporting Person Form filed by More than One Reporting Person		
(City)	(State)	(Zip)	Table I - N	Non-Deriva	tive Securi	ties Be	neficially Owned		
1.Title of Securit (Instr. 4)	ty		2. Amount of Beneficially ( (Instr. 4)		3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Natu Owner (Instr.	*		
Reminder: Repor		te line for each	class of securities beneficia	ally S	EC 1473 (7-02	2)			
	informa require	ation contained to respond	nd to the collection of led in this form are not d unless the form displa d control number.	nys a					

#### $Table\ II\ -\ Derivative\ Securities\ Beneficially\ Owned\ (\textit{e.g.},\ puts,\ calls,\ warrants,\ options,\ convertible\ securities)$

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of	5. Ownership Form of Derivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)	
	Date Exercisable Expiration Date	Title	Amount or Number of Shares	Derivative Security	Security: Direct (D) or Indirect (I)	(msu. 3)	

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RSUs (Restricted Stock Units) (1)	05/18/2008(1)	05/18/2017(1)	Common Stock	1,000	\$ 0 (3)	D	Â
SAR's (Stock Appreciation Rights)	05/18/2008(2)	05/18/2017(2)	Common Stock	2,500	\$ 29.92	D	Â

## **Reporting Owners**

Reporting Owner Name / Address	Relationships					
<b>FG</b>	Director	10% Owner	Officer	Other		
TRYNISKI MARK E 1964 PENFOLD WAY BALDWINSVILLE, NY 13027	ÂX	Â	Â	Â		

### **Signatures**

/s/ Mark E.
Tryniski

\*\*Signature of Reporting Person

Date

# **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 5(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.
  - The stock appreciation rights ("SARs") were granted under the Company's 2007 Non-Employee Director Equity Compensation Plan, with the SARs generally vesting 20% per year over a five year period, with any unvested SARs to vest upon the Director's termination of
- (2) service provided the Director has completed one full year of service since the date of the award in which case the SARs shall be exercisable at any time prior to the expiration date of the SAR or within one year after the date of such termination, whichever period is shorter.
- (3) The RSUs 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.

Reporting Owners 2