CONMED CORP Form 4 June 03, 2008

FORM 4

OMB APPROVAL

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

OMB 3235-0287

if no longer subject to Section 16. Form 4 or

Check this box

Number: January 31, Expires: 2005

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

Estimated average burden hours per response... 0.5

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 ** Metcalf Jane E			Issuer Name and Ticker or Trading Symbol	5. Relationship of Reporting Person(s) to Issuer		
(Last)	(First)	(Middle)	CONMED CORP [CNMD] 3. Date of Earliest Transaction	(Check all applicable)		
7110 KITTIW	AKE RUN		(Month/Day/Year) 06/01/2008	Director 10% OwnerX_ Officer (give title Other (specify below) VP CORPORATE REG. AFFAIRS		
	(Street)		4. If Amendment, Date Original	6. Individual or Joint/Group Filing(Check		
MANLIUS, NY 13104			Filed(Month/Day/Year)	Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reportin Person		
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acc	united Disposed of at Reneficially Owne		

(City)	(State) (Z	Zip) Table	I - Non-Do	erivative Securities Ac	equired, Disposed	of, or Beneficial	lly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)	4. Securities on Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	5. Amount of Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I)	7. Nature of Indirect Beneficial Ownership
			Code V	(A) or Amount (D) Price	Following Reported Transaction(s) (Instr. 3 and 4)	(Instr. 4)	(Instr. 4)
Common Stock					1,634	D	

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

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

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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. Transacti Code (Instr. 8)	5. Number of orDerivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	6. Date Exercisable and E Date (Month/Day/Year)	Expiration	7. Title and A Underlying So (Instr. 3 and 4
				Code V	(A) (D)	Date Exercisable Expira	tion Date	Title
RSUs (Restricted Stock Units)	<u>(1)</u>	06/01/2008		A	4,000	06/01/2009(1) 06/01	1/2018 <u>(1)</u>	Common Stock
SARs (Stock Appreciation Rights) (2)	\$ 26.69	06/01/2008		A	10,000	06/01/2009(2) 06/01	1/2018(2)	Common Stock

Reporting Owners

Reporting Owner Name / Address	Relationships					
·r···	Director	10% Owner	Officer	Other		
Metcalf Jane E			VP CORPORATE	•		
7110 KITTIWAKE RUN			REG. AFFAIRS	•		

Signatures

MANLIUS, NY 13104

/s/Heather L. Cohen for Jane E. Metcalf by Power of
Attorney

06/03/2008

**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).
- 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.
- (2) The stock appreciation rights ("SARs") were granted under the Company's 2006 Stock Incentive Plan and generally vest in equal amounts over a five year period.
- (3) The RSUs and 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.

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