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Folkert Nath	an										
Form 4											
April 30, 201	_										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION								OMB	OMB APPROVAL		
Check thi	is box		Was	shington,	D.C. 20	549			Number:	January 31,	
if no long subject to Section 1 Form 4 or	F CHAN	GES IN SECUR		ICIA	L OW	NERSHIP OF	Expires: Estimated a burden hou response	2005 average rs per			
Form 5 obligation may cont <i>See</i> Instru 1(b).	ns Section 17	(a) of the		tility Hold	ling Cor	npan	y Act of	e Act of 1934, E 1935 or Section 0	n		
(Print or Type F	Responses)										
Folkert Nathan Sym				Name and			ng	5. Relationship of Reporting Person(s) to Issuer			
(Last)	(First)	(Middle)	3. Date of	Earliest Tr	ansaction			(Check all applicable)			
C/O CONM CORPORA ROAD	ED TION, 525 FRE	ENCH	(Month/D 04/27/20	•				Director X Officer (give below) VP C		Owner er (specify S	
				endment, Date Original nth/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 			
UTICA, NY	13502							Form filed by N Person	Iore than One Re	porting	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative	Secur	ities Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of Security (Instr. 3)2. Transaction Date (Month/Day/Year)2A. Deemed Execution Date, if any (Month/Day/Year)			3. 4. Securities Acquired Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A)				Securities Beneficially	Indirect (I)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	04/27/2018			M	296	A	\$ 41.93	1,264	D		
Common Stock	04/27/2018			М	4,113	А	\$ 39.87	5,377	D		
Common Stock	04/27/2018			S	4,409	D	\$ 64.98 (1)	968	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

(9-02)

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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 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. Transactio Code (Instr. 8)	5. Number on f 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)		8. De Se (Ir
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	
Options To Purchase Common Stock	\$ 41.93	04/27/2018		М	296	<u>(2)</u>	03/01/2027	Common Stock	296	
Options To Purchase Common Stock	\$ 39.87	04/27/2018		М	4,113	(2)	03/01/2026	Common Stock	4,113	

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Folkert Nathan C/O CONMED CORPORATION 525 FRENCH ROAD UTICA, NY 13502			VP GM Orthopedics				
Signatures							
Daniel S. Jonas for Nathan Folkert Attorney	by Powe	r of	04/30/2018				
**Signature of Reporting Per	rson		Date				
C/O CONMED CORPORATION 525 FRENCH ROAD UTICA, NY 13502 Signatures Daniel S. Jonas for Nathan Folkert Attorney	by Powe		VP GM Orthopedics 04/30/2018	Oulei			

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)

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The price reported in Column 4 is a weighted average price. These shares were sold in multiple transactions at prices ranging from \$64.92 to \$65.01. Full information regarding the number of shares sold at each separate price will be provided upon request of the Commission staff, CONMED, or a CONMED security holder.

(2) The stock options were granted under the Company's 2015 Amended and Restated Long-Term Incentive Plan and generally vest in equal amounts over a five year period

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.