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CONMED C Form 4 May 20, 200 FORN	8 I Л					NGE	COMMISSION	OMB	PPROVAL 3235-0287	
Check the	is box	Wash	ington, I	D.C. 205	549			Number:	January 31,	
if no long subject to Section 1 Form 4 o Form 5	6. r	STATEMENT OF CHANGES IN BENEFICIAL OW SECURITIES						Expires: Estimated burden hou response	2005 average urs per	
Form 5 obligations may continue. See Instruction 1(b). 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 F	Responses)									
1. Name and A CORASAN	Symbol	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 E	Earliest Tra	nsaction	1		(Chec	ck all applicabl	e)	
(Month			Month/Day/Year) 05/16/2008				Director 10% Owner X Officer (give title Other (specify below) below) President & CEO			
			endment, Date Original onth/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 			
(City)	(State) (Zip)	Tabla	I Non Do		Soouri	tios A o	Person	f or Ponoficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date 2A (Month/Day/Year) Exc any (Month/Day/Year)	Deemed ecution Date, if	2 I - Non-Derivative Securities Act 3. 4. Securities TransactionAcquired (A) or Code Disposed of (D) (Instr. 8) (Instr. 3, 4 and 5) (A)				5. Amount of Securities Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of	
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)			
Common Stock	05/16/2008		М	3,427	А	\$0	30,560	D		
Common Stock	05/16/2008		F	1,573	D	\$0	30,560	D		
Common Stock	05/17/2008		М	3,427	A	\$0	33,987	D		
Common Stock	05/17/2008		F	1,573	D	\$0	33,987	D		
Common Stock							750	I	Spouse	

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Common Stock					1,(050 I	Child	d		
Common Stock					1,(050 I	Child	d		
Reminder: Report on a separate line for each class of securities benefici				Persons who respond to the collection of sEC 1474 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 Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	A. Deemed Execution Date, if any (Month/Day/Year)	Code	5. Number onof 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 Amou Underlying Secur (Instr. 3 and 4)		
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Am or Nur of Sha	
RSUs (Restricted Stock Units)	(1)	05/16/2008		М	5,000	05/16/2008 <u>(1)</u>	05/16/2016 <u>(1)</u>	Common Stock	5,	
RSUs (Restricted Stock Units)	<u>(1)</u>	05/17/2008		М	5,000	05/17/2008 <u>(1)</u>	05/17/2017 <u>(1)</u>	Common Stock	5,	

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
CORASANTI JOSEPH J 101 WINSHIP ROAD NEW HARTFORD, NY 13413			President & CEO				
Signatures							

/s/ Andrew W. Beakman for Joseph J. Corasanti by Power of Attorney 05/20/2008 **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 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.