Cohen Heather L Form 5 February 12, 2019

(City)

OMB APPROVAL FORM 5 **OMB** UNITED STATES SECURITIES AND EXCHANGE COMMISSION 3235-0362 Number: Washington, D.C. 20549 Check this box if January 31, Expires: no longer subject 2005 to Section 16. Estimated average ANNUAL STATEMENT OF CHANGES IN BENEFICIAL Form 4 or Form burden hours per 5 obligations OWNERSHIP OF SECURITIES response... 1.0 may continue. See Instruction Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, 1(b). Form 3 Holdings Section 17(a) of the Public Utility Holding Company Act of 1935 or Section Reported 30(h) of the Investment Company Act of 1940 Form 4 Transactions Reported 1. Name and Address of Reporting Person * 2. Issuer Name and Ticker or Trading 5. Relationship of Reporting Person(s) to Issuer Cohen Heather L Symbol CONMED CORP [CNMD] (Check all applicable) (Middle) 3. Statement for Issuer's Fiscal Year Ended (Last) (First)

C/O CONMED EVP CORP HR CORPORATION, Â 525 FRENCH **ROAD** (Street) 4. If Amendment, Date Original 6. Individual or Joint/Group Reporting Filed(Month/Day/Year)

(Month/Day/Year)

12/31/2018

UTICA, NYÂ 13502 _X_ Form Filed by One Reporting Person

Form Filed by More than One Reporting

Table I. Non Devivative Securities Assured Disposed of an Boneficially Or

below)

Director

X_ Officer (give title

10% Owner

below)

(check applicable line)

_ Other (specify

| (5) | () | Table 1 - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | |
|------------------------|--------------------------------------|--|-------------------|---|-----------|---------------------------------------|---------------------------|-----------------------|-----------------|
| 1.Title of Security | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if | 3. Transaction | 4. Securities Acquired (A) or Disposed of | | 5. Amount of Securities | 6. Ownership Form: Direct | 7. Nature of Indirect | |
| (Instr. 3) | | any | Code | (D) | | | Beneficially | (D) or | Beneficial |
| | | (Month/Day/Year) | (Instr. 8) | (Instr. 3, 4 and 5) | | Owned at end | Indirect (I) | Ownership | |
| | | | | (A) | | of Issuer's (Instr. 4) Fiscal Year | | (Instr. 4) | |
| | | | | Amount | or (D) | Price | (Instr. 3 and 4) | | |
| 401 (K) Plan | 12/31/2018(1) | Â | J | 41.86 | D | \$ 64.2 | 4,804.145 (2) | I | 401 (K) Plan |

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

(State)

(Zip)

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SEC 2270 (9-02)

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| 1. Title of | 2. | 3. Transaction Date | 3A. Deemed | 4. | 5. | 6. Date Exerc | cisable and | 7. Title | e and | 8. Price of |
|-------------|-------------|---------------------|--------------------|-------------|------------|---------------|-------------|----------|----------|-------------|
| Derivative | Conversion | (Month/Day/Year) | Execution Date, if | Transaction | Number | Expiration D | ate | Amou | nt of | Derivative |
| Security | or Exercise | | any | Code | of | (Month/Day/ | Year) | Under | lying | Security |
| (Instr. 3) | Price of | | (Month/Day/Year) | (Instr. 8) | Derivative | e | | Securi | ties | (Instr. 5) |
| | Derivative | | | | Securities | | | (Instr. | 3 and 4) | |
| | Security | | | | Acquired | | | | | |
| | | | | | (A) or | | | | | |
| | | | | | Disposed | | | | | |
| | | | | | of (D) | | | | | |
| | | | | | (Instr. 3, | | | | | |
| | | | | | 4, and 5) | | | | | |
| | | | | | | | | | Amount | |
| | | | | | | | | | or | |
| | | | | | | Date | Expiration | | Number | |
| | | | | | | Exercisable | Date | of | | |
| | | | | | (A) (D) | | | | Shares | |

of D

Is Fi

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | | | |
|---|---------------|-----------|-------------|-------|--|--|
| Topolong of the France, France | Director | 10% Owner | Officer | Other | | |
| Cohen Heather L C/O CONMED CORPORATION 525 FRENCH ROAD UTICA. NY 13502 | Â | Â | EVP CORP HR | Â | | |

Signatures

/s/ Sarah M. Oliker for Heather Cohen by Power of Attorney

02/12/2019

**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).
- (1) As of December 31, 2018.
- (2) No change in holdings other than as a result of a change in shares of stock in the Conmed 401 (K) plan.

Note: File three copies of this Form, one of which must be manually signed. If space provided 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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