**CONMED CORP** Form 3 August 02, 2013

# FORM 3

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

**OMB APPROVAL** 

**OMB** Number:

3235-0104

Expires:

January 31, 2005

0.5

Estimated average burden hours per

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES** 

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, response... 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 Address of Reporting

Person \*

A Kuyper Dirk

(Last)

(First)

(Middle)

Statement

(Month/Day/Year)

07/26/2013

2. Date of Event Requiring 3. Issuer Name and Ticker or Trading Symbol

CONMED CORP [CNMD]

4. Relationship of Reporting Person(s) to Issuer

5. If Amendment, Date Original

Filed(Month/Day/Year)

C/O CONMED CORPORATION, Â 525 FRENCH ROAD

(Street)

10% Owner \_X\_ Director Officer Other

(give title below) (specify below)

(Check all applicable)

6. Individual or Joint/Group Filing(Check Applicable Line) \_X\_ Form filed by One Reporting

Person

Form filed by More than One

Reporting Person

UTICA, NYÂ 13502

(City) (State) (Zip)

1. Title of Security (Instr. 4)

2. Amount of Securities Beneficially Owned

(Instr. 4)

3. Ownership Form:

Table I - Non-Derivative Securities Beneficially Owned

4. Nature of Indirect Beneficial

Ownership (Instr. 5)

Direct (D) or Indirect (I) (Instr. 5)

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

SEC 1473 (7-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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

(Instr. 4)

Title

(Instr. 4)

1. Title of Derivative Security 2. Date Exercisable and **Expiration Date** 

(Month/Day/Year)

3. Title and Amount of Securities Underlying Derivative Security

> Amount or Number of

5. Ownership Conversion or Exercise Form of Derivative

6. Nature of **Indirect Beneficial** Ownership

(Instr. 5)

Date Exercisable Expiration

Date

Derivative Security: Security Direct (D)

Price of

1

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

				Shares		or Indirect (I) (Instr. 5)	
Rsus (restricted Stock Units)	06/01/2014(1)	07/26/2023	Common Stock	3,000	\$ 0	D	Â
Sars (Stock Appreciation Rights)	06/01/2014(2)	07/26/2023	Common Stock	1,000	\$ 33.43	D	Â

# **Reporting Owners**

Reporting Owner Name / Address		Relationships		
. 0	Director	10% Owner	Officer	Othe
Kuyper Dirk				
C/O CONMED CORPORATION	λv	Â	â	â
525 FRENCH ROAD	АЛ	Α	A	A
UTICA, NY 13502				

### **Signatures**

Daniel S. Jonas for Dirk Kuyper by Power of
Attorney

\*\*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 (1) ConMed Corporation (the "Company") and will be subject to the terms and conditions of the Company's 2007 Amended and Restated
- (1) ConMed Corporation (the "Company") and will be subject to the terms and conditions of the Company's 2007 Amended and Restated Non-Employee Director Equity Compensation Plan, with the RSUs generally vesting 100% after a one year period.
- (2) The stock appreciation rights ("SARs") were granted under the Company's 2007 Amended and Restated Non-Employee Director Equity Compensation Plan, with the SARs generally vesting 100% after a one 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.

Reporting Owners 2