

SHALLISH ROBERT D JR
Form 4
June 05, 2012

FORM 4

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

OMB APPROVAL

OMB Number: 3235-0287
Expires: January 31, 2005
Estimated average burden hours per response... 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

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 Responses)

1. Name and Address of Reporting Person *
SHALLISH ROBERT D JR

(Last) (First) (Middle)
C/O CONMED CORP, 525
FRENCH ROAD
(Street)

UTICA, NY 13502-5994

(City) (State) (Zip)

2. Issuer Name and Ticker or Trading Symbol
CONMED CORP [CNMD]

3. Date of Earliest Transaction
(Month/Day/Year)
06/01/2012

4. If Amendment, Date Original Filed(Month/Day/Year)

5. Relationship of Reporting Person(s) to Issuer

(Check all applicable)

___ Director ___ 10% Owner
 Officer (give title below) ___ Other (specify below)
Vice President/Finance/CFO

6. Individual or Joint/Group Filing(Check Applicable Line)
 Form filed by One Reporting Person
___ Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially 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 Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Ownership (Instr. 4) |
|---------------------------------|--------------------------------------|--|--------------------------------|---|---|--|-----------------------------------|
| | | | | (A) or (D) | Price | | |
| Common Stock | 06/01/2012 | | M | 800 | \$ 0 | 32,363 | D |
| Common Stock | 06/01/2012 | | F | 290 | \$ 26.09 | 32,073 | D |
| Common Stock | 06/01/2012 | | M | 800 | \$ 0 | 32,873 | D |
| Common Stock | 06/01/2012 | | F | 290 | \$ 26.09 | 32,583 | D |
| Common Stock | 06/01/2012 | | M | 1,200 | \$ 0 | 33,783 | D |

Edgar Filing: SHALLISH ROBERT D JR - Form 4

| | | | | | | | |
|--------------|------------|---|-------|---|----------|--------|---|
| Common Stock | 06/01/2012 | F | 435 | D | \$ 26.09 | 33,348 | D |
| Common Stock | 06/01/2012 | M | 1,200 | A | \$ 0 | 34,548 | D |
| Common Stock | 06/01/2012 | F | 435 | D | \$ 26.09 | 34,113 | D |

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

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.

SEC 1474
(9-02)

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. Transaction Code (Instr. 8) | 5. Number of 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 Security (Instr. 3 and 4) |
|--|--|--------------------------------------|--|--------------------------------|---|---------|--|-----------------|---|
| | | | | | V | (A) (D) | Date Exercisable | Expiration Date | |
| Rsus (restricted Stock Units) | \$ 0 | 06/01/2012 | | M | | 800 | <u>(1)</u> | 06/01/2018 | Common Stock |
| Rsus (restricted Stock Units) | \$ 0 | 06/01/2012 | | M | | 800 | <u>(2)</u> | 06/01/2019 | Common Stock |
| Rsus (restricted Stock Units) | \$ 0 | 06/01/2012 | | M | | 1,200 | <u>(2)</u> | 06/01/2020 | Common Stock |
| Rsus (restricted Stock Units) | \$ 0 | 06/01/2012 | | M | | 1,200 | <u>(2)</u> | 06/01/2021 | Common Stock |
| Rsus (restricted Stock Units) | \$ 0 | 06/01/2012 | | A | | 6,000 | <u>(2)</u> | 06/01/2022 | Common Stock |
| Sars (Stock Appreciation Rights) | \$ 26.09 | 06/01/2012 | | A | | 14,000 | <u>(3)</u> | 06/01/2022 | Common Stock |

Reporting Owners

| Reporting Owner Name / Address | Relationships | | | |
|--|---------------|-----------|-------------------------------|-------|
| | Director | 10% Owner | Officer | Other |
| SHALLISH ROBERT D JR C/O CONMED CORP 525 FRENCH ROAD UTICA, NY 13502-5994 | | | Vice President/Finance/CFO | |

Signatures

Daniel S. Jonas for Robert D. Shallish by Power of Attorney 06/05/2012

**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) Each restricted stock unit ("RSU") represents a contingent right to receive one share of common stock, par value \$0.01 per share of 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) Each restricted stock unit ("RSU") represents a contingent right to receive one share of common stock, par value \$0.01 per share of ConMed Corporation (the "Company") and will be subject to the terms and conditions of the Company's 1999 Amended and Restated Long-Term 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.
 - (3) The stock appreciation rights ("SARs") were granted under the Company's 1999 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.