

# CONMED CORP

Reported by  
**FOUST HOLLIE K**

## FORM 3

(Initial Statement of Beneficial Ownership)

Filed 11/06/24 for the Period Ending 11/04/24

|             |  |
|-------------|--|
| Address     | 11311 CONCEPT BOULEVARD<br>LARGO, FL, 33773            |
| Telephone   | 727-214-2974   |
| CIK         | 0000816956   |
| Symbol      | CNMD   |
| SIC Code    | 3845 - Electromedical and Electrotherapeutic Apparatus |
| Industry    | Medical Equipment, Supplies & Distribution             |
| Sector      | Healthcare   |
| Fiscal Year | 12/31  |

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF  
SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the  
Investment Company Act of 1940

|   |   |   |
|---|---|---|
| 1. Name and Address of Reporting Person *<br><b>Foust Hollie K</b>                        | 2. Date of Event Requiring<br>Statement (MM/DD/YYYY)<br><b>11/4/2024</b>  | 3. Issuer Name and Ticker or Trading Symbol<br><b>CONMED Corp [CNMD]</b>  |
| (Last) (First) (Middle)<br><b>C/O CONMED<br/>CORPORATION, 11311 CONCEPT<br/>BOULEVARD</b> | 4. Relationship of Reporting Person(s) to Issuer (Check all applicable)<br><br>____ Director _____ 10% Owner<br><input checked="" type="checkbox"/> Officer (give title below) _____ Other (specify below)<br><b>General Counsel &amp; Corp Sec /</b> |   |
| (Street)<br><b>LARGO, FL 33773</b><br><br>(City) (State) (Zip)                            | 5. If Amendment, Date<br>Original Filed(MM/DD/YYYY)   | 6. Individual or Joint/Group Filing(Check Applicable Line)<br><br><input checked="" type="checkbox"/> Form filed by One Reporting Person<br>____ Form filed by More than One Reporting Person |

Table I - Non-Derivative Securities Beneficially Owned

| 1. Title of Security<br>(Instr. 4) | 2. Amount of Securities<br>Beneficially Owned<br>(Instr. 4) | 3. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I)<br>(Instr. 5) | 4. Nature of Indirect Beneficial Ownership<br>(Instr. 5) |
|------------------------------------|---|--|--|
| Common Stock                       | 0   | D (1)  |  |

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

| 1. Title of Derivate Security<br>(Instr. 4) | 2. Date Exercisable<br>and Expiration Date<br>(MM/DD/YYYY) |                    | 3. Title and Amount of<br>Securities Underlying<br>Derivative Security<br>(Instr. 4) |                               | 4. Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 5. Ownership<br>Form of<br>Derivative<br>Security:<br>Direct (D) or<br>Indirect (I)<br>(Instr. 5) | 6. Nature of Indirect<br>Beneficial Ownership<br>(Instr. 5) |
|---|--|--------------------|--|-------------------------------|--|---|---|
|   | Date<br>Exercisable  | Expiration<br>Date | Title  | Amount or Number of<br>Shares |  |   |   |

Explanation of Responses:

(1) Remarks:? Hollie K. Foust became an officer of Conmed Corporation on November 4, 2024.? Exhibit Index:? Power of Attorney (public).

Reporting Owners

| Reporting Owner Name / Address   | Relationships |           |                            |       |
|--|---------------|-----------|----------------------------|-------|
|  | Director      | 10% Owner | Officer                    | Other |
| Foust Hollie K<br>C/O CONMED CORPORATION<br>11311 CONCEPT BOULEVARD<br>LARGO, FL 33773 |               |           | General Counsel & Corp Sec |       |

Signatures

/s/ Thomas Fistek for Hollie K. Foust by Power of Attorney

11/6/2024

\*\*Signature of Reporting Person

Date

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

\* 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).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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.

## CONMED CORPORATION

### LIMITED POWER OF ATTORNEY FOR SECTION 16 AND RULE 144 FILINGS AND LOCK-UP AGREEMENTS

Know all by these presents, that the undersigned hereby constitutes and appoints each of the following attorneys of CONMED Corporation (the "Company"): Thomas Fistek, Chief Counsel; Amber Straub, Counsel, Operations; Johonna Pelletier, Treasurer and Vice President Tax; Kim Lockwood, Director Financial Reporting; Julie Hall, Manager Legal Operations and ESG; Celeste Templeton, Manager Compensation; and Michele Caiola, Paralegal, as the undersigned's true and lawful attorney-in-fact to: 1. execute for and on behalf of the undersigned, in the undersigned's capacity as an officer or director or both of the Company, Forms 3, 4 and 5 (and any amendments thereto) in accordance with Section 16(a) of the Securities Exchange Act of 1934, as amended and the rules and regulations promulgated thereunder (the "Exchange Act"), and any Form 144 under the Securities Act of 1933, as amended, as well as any Lock-Up Agreements; 2. do and perform any and all acts for and on behalf of the undersigned which may be necessary or desirable to complete and execute any such Form 3, 4, 5, Form 144 Notice or Lock-Up Agreements, complete and execute any amendments thereto, and timely file such form, with all amendments, supplements and exhibits thereto, with the Securities and Exchange Commission and any securities exchange or similar authority; 3. seek or obtain, as the undersigned's representative and on the undersigned's behalf, information on transactions in the Company's securities from any third party, including but not limited to brokers, employee benefit plan administrators and trustees, and the undersigned hereby authorizes any such person to release any such information to each of the undersigned's attorneys-in-fact appointed by this Limited Power of Attorney and approves and ratifies any such release of information; and 4. take any other action in connection with the foregoing which, in the opinion of such attorney-in-fact, may be of benefit to, in the best interest of, or legally required by or for, the undersigned, it being understood that the documents executed by such attorney-in-fact on behalf of the undersigned pursuant to this Limited Power of Attorney shall be in such form and shall contain such information and disclosure as such attorney-in-fact may approve in such attorney-in-fact's discretion. The undersigned hereby grants to each such attorney-in-fact, acting individually, full power and authority to do and perform any and every act and thing whatsoever required, necessary or proper to be done in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as the undersigned might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that such attorney-in-fact, or such attorney-in-fact's substitute or substitutes, shall lawfully do or cause to be done by virtue of this Limited Power of Attorney and the rights and powers herein granted. The undersigned acknowledges that the foregoing attorneys-in-fact, in serving in such capacity at the request and on the behalf of the undersigned, are not assuming, nor is the Company assuming, any of the undersigned's responsibilities to comply with, or any liability for the failure to comply with, any provision of Section 16 of the Exchange Act. {HS232643.1} This Limited Power of Attorney shall remain in full force and effect until the undersigned is no longer required to file Forms 3, 4, 5 and 144 and Lock-Up Agreements with respect to the undersigned's holdings of and transactions in securities issued by the Company, unless earlier revoked by the undersigned in a signed writing delivered to each of the foregoing attorneys-in-fact. IN WITNESS WHEREOF, the undersigned has executed this Limited Power of Attorney as of this 26th day of October 2024. Signed and acknowledged: Hollie K. Foust ACKNOWLEDGEMENT STATE OF OHIO COUNTY OF DELAWARE On October 20, 2024, before me, the undersigned, personally appeared Hollie K Foust, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf the individual acted, executed the instrument. instrument. Emily Bodoh Smith, Attorney at Law Notary Public, State of Ohio