

# **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 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

**FORM 3****UNITED STATES SECURITIES AND EXCHANGE COMMISSION  
Washington, D.C. 20549**

OMB APPROVAL  
OMB Number: 3235-0104  
Estimated average burden  
hours per response... 0.5

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

**Table I - Non-Derivative Securities Beneficially Owned**

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

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

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

**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
<b>Foust Hollie K C/O CONMED CORPORATION 11311 CONCEPT BOULEVARD LARGO, FL 33773</b>			<b>General Counsel &amp; Corp Sec</b>	

**Signatures**

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

**11/6/2024**

<sup>\*\*</sup>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