SEC Form 4

FORM 4 UNITED S

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

OMB APPROVAL

OMB Number:	3235-0287								
Estimated average burden									
hours per response:	0.5								

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

(Last) (First) (Middle) 1020 KIFER ROAD 3. Date of Earliest Transaction (Month/Day/Year) V Officer (give title below) (Street) SUNNYVALE CA 94086 4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Line) X Form filed by One Reporting Perform filed by More than One Reporting Perform filed Performance Perform filed Perform filed Perform filed Performanc	1. Name and Address of Reporting Person* DeSantis Robert			2. Issuer Name and Ticker or Trading Symbol <u>INTUITIVE SURGICAL INC</u> [ISRG]		5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
(Last) (First) (Middle) 3. Date of Earliest Transaction (Month/Day/Year) Delow) Delow) 1020 KIFER ROAD 05/11/2020 Executive VP & GM IA (Street) SUNNYVALE CA 94086							10% Owner Other (specify				
(Street) SUNNYVALE CA 94086 ————————————————————————————————————						below) below) Executive VP & GM IA&E					
Form filed by More than One Re	· /			4. If Amendment, Date of Original Filed (Month/Day/Year)	Line)						
Devee	SUNNYVALE	CA	94086			, , ,	0				
(City) (State) (Zip)	(City)	(State)	(Zip)			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)	Code (4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 an 5)			5. Amount of Securities Beneficially Owned Following Reported	(D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	nt
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150.4)	

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. Transa Code (8)		tion of		6. Date Exerc Expiration Da (Month/Day/Y	ate	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Non- Qualified Stock Option (right to buy)	\$539.1	05/11/2020		A		1,448		(1)	05/11/2030	Common Stock	1,448	\$0.0	1,448	D	
Restricted Stock Units	\$0.0	05/11/2020		A		483		(2)	05/11/2024	Common Stock	483	\$0.0	483	D	

Explanation of Responses:

1. Non-statutory stock option granted pursuant to the 2010 Incentive Award Plan. The grant vests 25% on the first anniversary of the date of grant and monthly thereafter, over a four year period of time. 2. Each Restricted Stock Unit, granted pursuant to the 2010 Incentive Award Plan, represents a contingent right to receive one share of Intuitive Surgical common stock. The grant vests 25% on the first anniversary of the date of grant and annually thereafter, over a four year period of time.

By: Donna Spinola For: Robert DeSantis

** 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 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).

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 Number.

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