FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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* SMITH LONNIE M						2. Issuer Name and Ticker or Trading Symbol INTUITIVE SURGICAL INC [ISRG]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
SWITTI EONINE W																2	_			10% Owner	
(Last) (First) (Middle) 1020 KIFER ROAD						3. Date of Earliest Transaction (Month/Day/Year) 11/01/2019											Offic below	er (give title w)		Other below)	(specify
						4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable					
(Street)																Line) X Form filed by One Reporting Person					
SUNNYVALE CA 94086															-		•	ore than One Reporting			
																Person Person					orang
(City)	(S	tate)	(Zip)																		
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																					
Date								2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)					red (A) str. 3, 4	4 and Secu Bene Own		icially d Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership
										Code	v	Amount		(A) o	r Pr	ice		ted action(s) 3 and 4)			(Instr. 4)
Common	11/0	11/01/2019					G ⁽¹⁾		30,00	0	D	一 :	\$0.0	33	38,952	D					
Common	11/2	11/26/2019					G ⁽²⁾		60,00	0	D	1	\$0.0	2'	278,952)				
Common Stock					11/01/2019							30,00	0	A	1	\$0.0		290,861			by Trust
Common Stock					11/13/2019					G ⁽³⁾		84		D	;	\$0.0	29	290,572			by Trust
Common Stock 11/					11/13/2019					G ⁽³⁾		84		A	!	\$0.0	29	290,656			by Trust
Common Stock 11/1						9			G ⁽⁴⁾		2,965	5	D		\$0.0		287,691			by Trust	
Common Stock 11/26/						9				G ⁽²⁾		60,00	0	A	:	\$0.0	34	347,691			by Trust
		Ta	able II - [Owned				
1 Title of	2.	2 Transaction	· `			ans	_			•		onvertib	_			-	Dries of	O Number o	f 10.		11. Nature
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	Code (In		on of l		5. Date Exercisa Expiration Date Month/Day/Yea		•	Am Sec Und Der Sec	7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		S (I	. Price of erivative ecurity nstr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owi Fori Dire or Ii (I) (I	nership m: ect (D) ndirect nstr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code V (A) (D) Date Expir		Expiration Date	Titl	O N O	Amoun or Numbe of Shares	er												

Explanation of Responses:

- 1. These shares were transferred from the account of Lonnie Smith & Cheryl Smith, Community Property to an indirect holding, The Trust Company of Oxford, Trustee U/A 11/1/19 Lonnie M. Smith GRAT No. 16.
- 2. These shares were gifted from the account of Lonnie Smith & Cheryl Smith, Community Property to an indirect holding, McKram Investment Capital, LLC.
- 3. These shares were gifted from the indirect holding of McKram Investors, LP. to an indirect holding, McKram Holdings, LLC.
- 4. The shares were distributed from an indirect holding, McKram Investors, LP. to various children of the holder.

By: Lori Serrano For: Lonnie M Smith

12/27/2019

** 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.