\square

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

OMB APPROVAL							
OMB Number:	3235-0287						
Estimated average bur	den						
hours ner response:	0.5						

			2. Issuer Name and Ticker or Trading Symbol <u>INTUITIVE SURGICAL INC</u> [ISRG]		tionship of Reporting Perso all applicable) Director	on(s) to Issuer 10% Owner	
(Last) 1020 KIFER RC	(First))AD	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 08/22/2018		Officer (give title below)	Other (specify below)	
(Street) SUNNYVALE (City)	CA (State)	94086 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line) X	ridual or Joint/Group Filing (Form filed by One Repor Form filed by More than (Person	ting 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. Transa Code (8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150.4)
Common Stock	08/22/2018		G ⁽¹⁾		10,000	D	\$ <mark>0.0</mark>	388,555	D	
Common Stock	08/22/2018		G ⁽²⁾		20,000	D	\$ <mark>0.0</mark>	368,555	D	
Common Stock	08/30/2018		G ⁽³⁾		10,620	A	\$0.0	379,175	D	
Common Stock	08/30/2018		G ⁽³⁾		10,620	D	\$ <mark>0.0</mark>	286,865	Ι	by Trust
Common Stock	08/30/2018		G ⁽⁴⁾		19,857	D	\$0.0	267,008	Ι	by Trust

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

			(0.9.) P	, .	,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	••••••••			,						
	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		e (Instr. Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title Amouri Securi Underl Deriva Securi and 4)	nt of ties ying tive ty (Instr. 3	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)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares						

Explanation of Responses:

1. These shares were gifted from the account of Lonnie Smith & Cheryl Smith, Community Property to the Smith Family Foundation.

2. Shares from Lonnie Smith & Cheryl Smith, Community Property, were transferred to Fidelity Investments Charitable Gift Fund.

3. These shares were transferred from an indirect holding, Lonnie M. Smith Equalization GRAT II U/A 08/16/2016, The Trust Company of Oxford, Trustee to Lonnie Smith & Cheryl Smith, Community Property.

4. These shares were distributed from an indirect holding, Lonnie M. Smith Equalization GRAT II U/A 08/16/2016, The Trust Company of Oxford, Trustee to various children and grandchildren of the holder.

By: Lori Serrano For: Lonnie	00/06/2010
<u>M Smith</u>	<u>09/06/2018</u>

** 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.