## FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol INTUITIVE SURGICAL INC [ ISRG ]							5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
Andersen Reiter Kara					110	111 V L		/1C1C/11	<u> </u>	iona j	Ι`	Direct	or		10% Ov	vner		
												X Office	r (give title		Other (s	pecify		
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year)							) ``		below)	·		
` ′						02/28/2020							General C	Couns	sel & CC	o		
1020 KI	FER ROAD	)																
					A // A													
(Stroot)						4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)												X Form filed by One Reporting Person						
SUNNYVALE CA 94086												, , ,						
												Form filed by More than One Reporting						
(City) (State) (Zip)												Person						
(5.0)		/	\=·r/															
		Tab	le I - Non-Der	ivativ	e Se	curitie	s Ad	cquired, D	isposed	of, or Be	neficia	ally Owne	d					
1. Title of	Security (Ins	tr. 3)	nsaction	, [:	2A. Deem	ed			ecurities Acquired (A)		5. Amou				7. Nature			
Date					Execution Date					Disposed Of (D) (Instr. 3, 4						of Indirect Beneficial		
(Month/Da				nibayire	ay/Year) if any (Month/Day/Yea			Code (Instr.   5)				Benefic Owned				Dwnership		
					(	,	,   -,		T	_	Reporte	Reported			(Instr. 4)			
								Code	/ Amoui	nt (A) c	Price		saction(s) . 3 and 4)					
										(6)		(msti. 5	and 4)					
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned																		
(e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative	2. Conversion		3A. Deemed Execution Date,	4. Trans				6. Date Exer Expiration D	ate	Amount of		8. Price of Derivative	9. Number of derivative	- 1	10. Ownership	11. Nature of Indirect Beneficial		
Security (Instr. 3)	or Exercise Price of	(Month/Day/Year)	if any (Month/Day/Year)	Code 8)	(Instr.			(Month/Day/	rear)	Underlyin	ig	Security (Instr. 5)	Securities Beneficially	/  ı	Form: Direct (D)	Ownership		
	Derivative Security									Derivative (Instr. 3 a		'	Owned Following		or Indirect (I) (Instr. 4)	(Instr. 4)		
	Coounty									(1115111.04	iiu <del>-</del> -,		Reported	- 1	1,,,			
													Transaction (Instr. 4)	1(s)				
													(111501. 4)					
					1	+ '	Т		1	+	Amore	<del>.</del>						
		1		1	1					1	Amoun or	<b>'</b>						
									 		Numbe	r						
				Code	l <sub>v</sub>	(A)	(D)	Date Exercisable	Expiration Date	Title	of Shares							
			<u> </u>	10000	+	100	(5)		-	1100	Jilaies	1		$\dashv$				
Non-																		
Qualified Stock		00 (00 (000)		Ι.				(1)	00 100 15	Common	, ,,,,,	1			_			
Option	\$533.96	02/28/2020		A		2,255		(1)	02/28/203	Stock	2,255	\$0.0	2,255		D			
(right to																		
buy)																		
Restricted										Common								
Stock Units	\$0.0	02/28/2020		Α		1,503		(2)	02/28/202	4 Stock	1,503	\$0.0	1,503		D			
OHHS		1		1	1	1			1	- 1	1		1	- 1				

## **Explanation of Responses:**

- 1. Non-statutory stock option granted pursuant to the 2010 Employee Stock Option Plan. The option vests 1/8th six months after the date of grant and 1/48th monthly thereafter.
- 2. Each RSU granted 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.

By: Donna Spinola For: Kara Andersen Reiter

03/03/2020

\*\* 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.