FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washi

wasnington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235-0		

- 1		
	OMB Number:	3235-028
	Estimated average I	burden

0.5

hours per response:

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

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

					or S	Section	n 30(h)	of the i	Ínves	stment (Com	pany Act	of 194	10							
1. Name and Address of Reporting Person [*] SMITH LONNIE M					2. Issuer Name and Ticker or Trading Symbol INTUITIVE SURGICAL INC [ISRG]												ip of Reporting Person(s) to Issu plicable) ctor 10% Owr				
(Last) 950 KIFE	st) (First) (Middle) OKIFER ROAD					3. Date of Earliest Transaction (Month/Day/Year) 10/31/2008										X Officer (give title below)			EO	Other (specify below)	
(Street) SUNNYVALE CA 94086 (City) (State) (Zip)			4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										Indiv ne) X							
		Tabl	e I - Non	-Deriv	ative	Sec	curitie	s Ac	quir	red, D	isp	osed o	f, or	Bene	eficia	lly	Owne	ed			
1. Title of Security (Instr. 3) 2. Transa Date (Month/Date)					Execution Date,			, T	3. Transaction Code (Instr. 8)						, 4 and Se Be Ov		5. Amount of Securities Beneficially Owned Following Reported		vnership n: Direct r Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
				c				Code	,	Amount		(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				(111511.4)		
Common Stock 10/31/				1/2008	/2008				G		125 I		D	\$()	402,175			D		
		Та	ble II - D									sed of, onvertib				/ Ov	vned				
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,		ransaction ode (Instr.		of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)		str. 3			9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	F D O (I	O. Ownership Form: Direct (D) or Indirect I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exe	e ercisable		Expiration Date	Title	or Nun of							

Explanation of Responses:

Lonnie M. Smith

12/03/2008

** 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.