## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washingto	2 D C	20540
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See	STATEMENT
Instruction 1(b).	Filed pur

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>GUTHART GARY S</u>						2. Issuer Name and Ticker or Trading Symbol INTUITIVE SURGICAL INC [ ISRG ]									heck all a	cionship of Reporting Persall applicable) Director Officer (give title below) President & 0		10% O	wner
(Last) (First) (Middle) 1020 KIFER ROAD						3. Date of Earliest Transaction (Month/Day/Year) 12/14/2016												Other (specify below) CEO	
(Street) SUNNYV (City)			)4086 Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)							ne) <mark>X</mark> Fo Fo	al or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tabl	e I - Non	-Deriv	ative	Sec	curitie	s Ac	quired	, Dis	posed o	f, or	Bene	eficia	lly Ow	ned			
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Execution Date,		, Transaction Dispo		n Dispose	urities Acquired (A) red Of (D) (Instr. 3,			nd Secu Ben Own	nount of irities eficially ed Following orted	Forn (D) c	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	· v	Amount	mount (A)		Price	Tran	saction(s) r. 3 and 4)			(msu. 4)
Common Stock 12/2				12/14	/2016		G <sup>(1)</sup>		75	75 D		\$0.	.0	69,290		D			
		Та	ble II - D (e								osed of, onvertib				/ Owne	d			
1. Title of Derivative Security (Instr. 3)	rivative curity Conversion Date Execution Date, (Month/Day/Year) if any			Date,		ransaction of Code (Instr. Derivative		rative rities ired r osed )	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)			8. Price o Derivative Security (Instr. 5)		, [G	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Num of Sha						

## Explanation of Responses:

1. The shares were gifted to the University of California, Berkeley Foundation.

<u>Gary Guthart</u> <u>02/17/2017</u>

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.