FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Vashington,	D.C.	20549	
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## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-0287									
Estimated average b	urden									
hours ner resnonse:	0.5									

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

Name and Address of Reporting Person*     Rosa David J.						2. Issuer Name and Ticker or Trading Symbol  INTUITIVE SURGICAL INC [ ISRG ]										cable) or	g Pers	son(s) to Iss 10% Ov	vner			
(Last) 1020 KII	(F FER ROAD	*	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/15/2022									X Officer (give title Other (specify below)  Executive Vice President and C							
(Street) SUNNYVALE CA 94086					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person						
(City)	(S		(Zip)					•														
1. Title of Security (Instr. 3)  2. Trans. Date				2. Transa Date			med on Date,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3,		or 5. Amor Securit Benefic Owned		nt of es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership					
							Code	v	Amount	(A) or (D)		rice	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)					
Common Stock			02/15/	5/2022				M <sup>(1)</sup>		3,123	3 A		\$0.0	114	114,852		D					
Common Stock 02			02/15/	2022			F <sup>(1)</sup>		1,094	D	\$	289.3	113,758		D							
Common Stock 02/15/				/2022	2022		M <sup>(1)</sup>		2,250	2,250 A		<b>\$0.0</b>	116,008		D							
Common Stock 02/15/			/2022	2022		F <sup>(1)</sup>		1,066	1,066 D \$2		289.3	114,942			D							
		7	able II -								osed of converti				Owned							
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/Da	n Date,	4. Transa Code (I 8)		of Deri Sec Acq (A) o Disp of (I	ivative urities uired or oosed D) tr. 3, 4	6. Date Exercis Expiration Date (Month/Day/Yea		е	7. Title and Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)		urity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	ly [	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)		Date Exercisal		Expiration Date	Title	or Nui of	ount mber ares								
Restricted Stock Units	\$0.0	02/15/2022			M			3,123	(2)		02/15/2022	Commo Stock	3,	123	\$0.0	0		D				
Restricted Stock	\$0.0	02/15/2022			М			2,250	(2)		02/15/2023	Commo	2,	250	\$0.0	2,250		D				

## **Explanation of Responses:**

- 1. RSUs vest 25% per year over a four year period, commencing on the first anniversary of the grant date. RSUs convert into common stock on the vest date on a one-for-one basis. 25 % of the shares have been released and a portion of the shares were held back to cover the statutory tax withholding requirements. The net shares were deposited into the holders account.
- 2. Each Restricted Stock Unit, granted pursuant to the 2010 Employee Stock Option Plan, 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 of time.

By: Donna Spinola For: David Rosa \*\* Signature of Reporting Person

02/16/2022

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.