FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20549

STATEMENT	OF CH	HANGES	IN BEN	IEFICIAL	OWNERS	SHIP

l	OMB APPF	ROVAL
	OMB Number:	3235-0287
l	Estimated average bu	ırden
l	hours por rosponso:	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

							,	,			' '								
1. Name and Address of Reporting Person* MCNAMARA JEROME J					2. Issuer Name and Ticker or Trading Symbol INTUITIVE SURGICAL INC [ISRG]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify						
(Last) (First) (Middle) 1266 KIFER ROAD				3. Date of Earliest Transaction (Month/Day/Year) 07/28/2014									X Officer (give title Other (specify below) below) EVP da Vinci WW Sales & Mktg						
(Street) SUNNYVALE CA 94086				4.1	4. If Amendment, Date of Original Filed (Month/Day/Year) 5. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting										า				
(City) (State) (Zip)						Person													
		Tab	le I - N	lon-Deri	vative	e Sec	uriti	ies Ac	quire	d, D	isposed c	of, or Be	enefic	ially	Owned	ł			
Date			2. Transac Date (Month/Da		//Year) Execu		Deemed cution Date, y nth/Day/Year)		ction Instr.	4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and			l 5)	Securiti Benefic Owned	Amount of ecurities eneficially wned Following		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership	
								Code	v	Amount	(A) or (D)	Price		Reporte Transac (Instr. 3	ction(s)			(Instr. 4)	
Common Stock 07/2			07/28/2	2014)14		M		5,000	A	\$33	4.3 7		',844		D			
Common Stock 07/28/20				2014	14		S		5,000(1)	D	\$465.	.6198 2		,844		D			
Common Stock 07/28/20					2014	.4		M		4,167	A	\$107	7.27 7		,011		D		
Common Stock 07/28/20					2014)14		S		4,167(1)	D	\$465.	5638 2,		,844		D		
		7	able I								posed of				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /Day/Year)	4. Transaction Code (Instr. 8) 5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year) 7. Title and Amount of Securities Underlying Derivative S (Instr. 3 and			of s ng e Securi	De Se (In	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownersh Form: Direct (D or Indirect (I) (Instr.		11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	sable	Expiration Date	Title	Amou or Numb of Share	er					
Non- Qualified Stock Option (right to buy)	\$107.27	07/28/2014			М			4,167	(2)		02/17/2019	Common Stock	4,16	7	\$0.0	231		D	
Non- Qualified Stock Option (right to	\$334.3	07/28/2014			М			5,000	(3))	02/16/2020	Common Stock	5,00	0	\$0.0	25,000		D	

Explanation of Responses:

- $1.\ These \ shares \ were \ sold \ pursuant \ to \ a \ Rule \ 10b5-1 \ Trading \ Plan, \ entered \ into \ on \ June \ 12, \ 2014.$
- 2. 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.
- 3. Non-statutory stock option granted pursuant to the 2000 Employee Stock Option Plan. Option shall vest 1/8 six months after the date of grant and 1/48th each month thereafter.

By: Lori Serrano For: Jerome J McNamara

07/28/2014

** 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.