FORM 4

obligations may continue. See Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHANGES IN BENEFICIAL	OWNERSHIP
Section 10. Form 4 or Form 5		

OMB APPROVAL OMB Number:

Estimated average burden hours per response: 0.5

1. Name and Address of Reporting Person* <u>Castello Augusto V.</u>					2. Issuer Name and Ticker or Trading Symbol INTUITIVE SURGICAL INC [ISRG]										check a	ationship of Reporting c all applicable) Director Officer (give title		ig Per	10% O	vner
(Last) 1266 KII	(F FER ROAL	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/15/2012 X Officer (give title below) 02/15/2012 SVP Product Ops										specify				
(Street) SUNNY	VALE C	A	94086		4. II	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Ap Line) X Form filed by One Reporting Perso Form filed by More than One Reporters on Person							n							
(City)	(S		(Zip)																	
1. Title of S	Security (Ins		le I - Non	2. Transa Date (Month/I	action	ar)	2A. Deem Execution if any (Month/Da	ed 1 Date	3. Tran	sactio	_	curitie	es Acquir	ed (A) or	nd S	5. Amou Securitie Seneficia	nt of es ally Following	Form (D) o	n: Direct r Indirect istr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amo	unt	(A) o	Price	. 1	Fransact Instr. 3	ion(s)			(111311. 4)
		7	able II - I				urities s, warr									vned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deemee Execution I if any (Month/Day	Date,	4. Transa Code (8)				6. Date Exercisa Expiration Date (Month/Day/Year		ite	S U D	7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		Deri Sec (Ins	B. Price of Derivative Security Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e O S F Illy D o	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisa	ıble	Expiration Date		itle	Amount or Number of Shares						
Non- Qualified Stock Option (right to	\$505.23	02/15/2012			A		6,500		(1)		02/15/20		Common Stock	6,500		\$0	6,500		D	

Explanation of Responses:

1. Non-statutory stock option granted pursuant to the 2000 Employee Stock Option Plan. The option vests 1/8th six months after the date of grant and 1/48th monthly thereafter.

Augusto V. Castello

02/21/2012

** 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.