FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

OMB APPRC	VAL							
OMB Number:	3235-0287							
Estimated average burden								
hours per response:	0.5							

						()			1											
1. Name and Address of Reporting Person*					2. Issuer Name and Ticker or Trading Symbol <u>INTUITIVE SURGICAL INC</u> [ISRG]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
BARRATT CRAIG H													X Directo	or		10% O\	vner			
(Last)		=irst)	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 04/24/2014								Officer below)	(give title		Other (below)	specify			
1266 KIFER ROAD														<u> </u>						
·					4. If Am	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)							
(Street) SUNNY	SURVEY CA 94086									Form filed by One Reporting Person Form filed by More than One Reporting										
,													Form 1 Persor		re than	One Repo	rting			
(City)	(State)	(Zip)																	
			Table I - No	n-Deriva	ative Se	ecurities Ac	quired,	Disp	osed c	of, o	r Bene	eficiall	y Owned	k						
1. Title of Security (Instr. 3) Date (Month/Date)					ay/Year)	2A. Deemed Execution Date, if any (Month/Day/Year	Code (Instr.						Securitie Benefici	Amount of ecurities eneficially wned Following		Direct Indirect tr. 4)	7. Nature of Indirect Beneficial Ownership			
						Code	v	Amount	nt (A) or Pr (D) Pr		Price	Transact	Transaction(s) (Instr. 3 and 4)			(Instr. 4)				
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative	2. Conversion	3. Transactio	on 3A. Deem		Transaction			ate Exercisable and 7. Title a					8. Price of Derivative			LO. Jwnershin	11. Nature			

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Iransaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transa Code (8)		5. Num of Deriva Securi Acquir (A) or Dispos of (D) (Instr. and 5)	tive ties red sed 3, 4	6. Date Exer Expiration Da (Month/Day/N	ate	7. Ittle and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable			Amount or Number of Shares				
Non- Qualified Stock Option (right to buy)	\$371.32	04/24/2014		A		1,063		(1)	04/24/2024	Common Stock	1,063	\$0.0	1,063	D	
Restricted Stock Units	\$0.0	04/24/2014		A		354		(2)	04/25/2018	Common Stock	354	\$0.0	354	D	

Explanation of Responses:

1. Non-statutory stock option granted pursuant to the Non-Employee Directors' Stock Option Plan. Option shall vest 100% one year after the date of grant date.

2. Restricted Stock Units (RSUs) are granted pursuant to the 2010 Incentive Award Plan. The RSUs fully vest on the first anniversary of the date of grant.

<u>Craig H Barratt</u>

<u>04/24/2014</u> Date

** Signature of Reporting Person

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.