Myriam Curet

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL										
	OMB Number:	3235-028									
1	Estimated average bu	rden									

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

1. Name and Address of Reporting Person*

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

INTUITIVE SURGICAL INC [ISRG]

2. Issuer Name ${\bf and}$ Ticker or Trading Symbol

hours per response	: 0.5									
5. Relationship of Reporting Person(s) to Issuer (Check all applicable)										
Director 1	0% Owner									
	ther (specify elow)									
SVP & Chief Medical Officer / SVP &										
Chief Medical Officer										

(Last) 1020 KIE	ast) (First) (Middle) 020 KIFER ROAD					3. Date of Earliest Transaction (Month/Day/Year) 02/27/2017									X Officer (give title X Other (specify below) SVP & Chief Medical Officer / SVP & Chief Medical Officer					
(Street) SUNNYVALE CA 94086 (City) (State) (Zip)						4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
1. Title of S	Security (Ins		e I - Non	2. Trans	saction	Tá	Curitie 2A. Deer Executio	ned	3. Transa	ction	4. Securi	ities Ac	quired	(A) or	5. Am	ount of ities	6. Ownership Form: Direct	7. Nature of Indirect		
			(Month/	(Month/Day/Year)		if any (Month/Day/Year)			8)		Amount (A) or (D)		Price	Owne Repor	icially d Following rted action(s) 3 and 4)	(D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)			
Common Stock					02/27/2017				G		63	D	D	\$0.	0	699	D			
Common Stock 02/					3/2017				G		63		D	\$0.	0	636	D			
		Ta	able II - D (e								sed of, onvertib				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	Date,	4. Transactio Code (Instr		n of		6. Date E: Expiratio (Month/D	n Date	Amount of				8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code V		(A)	(D)			Expiration Date	Title	Amo or Nun of Sha							

Explanation of Responses:

By: Lori Serrano For: Myriam

03/14/2017

Curet

** 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.