SEC Form 4	
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Non-Qualified Stock

Option

(right to buy)

## FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL
OMB Number: 3235-02

hours per response:	0.5										
Estimated average burden											
	3235-0207										

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

						000011 00			0.112 0.	Jinpany Act	0. 10 .0						
1. Name and Address of Reporting Person <sup>*</sup> Johnson Amal M					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)					
Jonnson Amai M												X Direct	or		10% O	wner	
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 11/16/2023							Office below	r (give title )		Other ( below)	specify
1020 KIFER ROAD				4. lf /	4. If Amendment, Date of Original Filed (Month/Day/Year)							6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street)												X Form	filed by On	e Repo	orting Perso	on	
1 · /	(Street) SUNNYVALE CA 94086													Form filed by More than One Reporting Person			
(City)	(5	State)	(Zip)		Ru	Rule 10b5-1(c) Transaction Indication											
	Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													ed to			
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																
1. Title of Security (Instr. 3)       2. Transacti         Date       (Month/Day)				Execution if any	2A. Deemed Execution Date, if any (Month/Day/Year)		ction Instr.				5) Securit Benefic Owned	5. Amount of Securities Beneficially Dwned Following		: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price		ed ction(s) 3 and 4)			(Instr. 4)
Common Stock 11/16/2				2023			<b>M</b> <sup>(1)</sup>		9,567	A	\$41.25	78 2	8 21,273		D		
Common Stock 11/16/20				2023			<b>S</b> <sup>(1)</sup>		9,567	D	\$300	) 1	11,706		D		
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned         (e.g., puts, calls, warrants, options, convertible securities)																
1. Title of Derivative Security (Instr. 3)	rative Conversion Date Execution Date, rity or Exercise (Month/Day/Year) if any		4. Transac Code (In 8)	tion of Istr. Den Sec (A) Dis of (	Number rivative curities quired or sposed (D) str. 3, 4 d 5)	6. Date I Expiratio (Month/I	on Da		7. Title and Amount of Securities Underlying Derivative Secur (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)	Beneficial Ownership (Instr. 4)		

These shares were sold in accordance with a Trading Plan that complies with SEC Rule 10b5-1 and expires on May 1, 2024.
 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 or at the next Shareholders Meeting, whichever should take place first, provided that vesting will cease on termination of the Directors service to the Company.

Date

Exercisable

(2)

(D)

9,567

(A)

Expiration Date

04/24/2024

Title

Commor

Stock

<u>By: Donna Spinola For:</u> Johnson, Amal M.

Amount or Number

of Shares

9,567

\$<mark>0.0</mark>

0

11/17/2023

D

\*\* 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).

11/16/2023

\$41.2578

**Explanation of Responses:** 

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code V

**M**<sup>(1)</sup>

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.