FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	OVAL					
	OMB Number:	3235-0287					
l	Estimated average burde	en					
l	hours per response:	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

Name and Address of Reporting Person*     SMITH LONNIE M							2. Issuer Name and Ticker or Trading Symbol INTUITIVE SURGICAL INC [ ISRG ]									f Reporting Person(s) to Issuer able) 10% Owner				
(Last) 1020 KIF	(F FER ROAD	irst)		3. Date of Earliest Transaction (Month/Day/Year) 01/27/2015									Officer (give title below)			Other (specif below)				
(Street) SUNNY (City)	SUNNYVALE CA 94086					4. If Amendment, Date of Original Filed (Month/Day/Year)									i. Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
		Tab	le I -	Non-Deri	ivativ	e Sec	urit	ies A	cqui	red, D	isposed o	of, or E	Benefic	cially	Owned					
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Yea						2A. Deemed Execution Date, ar) if any (Month/Day/Yea		ate,	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Di Of (D) (Instr. 3, 4 and 5)			Securiti Benefic Owned		es ially Following	Form (D) o	r Indirect   C r Indirect   E str. 4)   C	7. Nature of Indirect Beneficial Ownership	
								,	Code	v .	Amount	(A) or (D)	Price		Reporte Transac (Instr. 3	tion(s)			Instr. 4)	
Common Stock 01/27/2015							5		M	П	20,000	A	\$30	3.27 26		),744		D		
Common Stock 01/27/2015						5			S		20,000(1)	D	\$511.3	3061 <sup>(2)</sup> 240		0,744		D		
Common Stock										П						102,031		I I	y Trust	
		-	Гable								sposed of , converti				wned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	Execu if any	eemed ution Date, h/Day/Year)	4. Transa Code ( 8)	e (Instr. Derivati Securiti Acquire (A) or Dispose		vative urities uired or oosed O) (Instr.	Expiration (Month/Da			7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		D	Price of erivative ecurity 1str. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exe	e rcisable	Expiration Date	Title	Amo or Num of Shar	nber						
Non- Qualified Stock Option (right to	\$303.27	01/27/2015			M			20,000		(3)	02/15/2018	Comm Stock		000	\$0.0	27,328		D		

## **Explanation of Responses:**

- 1. These shares were sold pursuant to a Rule 10b5-1 Trading Plan, entered into on November 25, 2014.
- 2. The shares were sold at an average price of \$511.306070. The actual selling price of the shares was: \$506.00 \$506.99 1000 shares sold; \$507.00 \$507.99 1500 shares sold; \$508.00 \$508.09 405 shares; \$509.00 \$509.99 2340 shares sold; \$510.00 \$510.99 2960 shares sold; \$511 \$511.99 4385 shares sold; \$512 \$512.99 2124 shares sold; \$513 \$513.99 2001 shares sold; \$514 \$514.99 864 shares sold; \$515 - \$515.99 - 2421 shares sold.
- 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.

Lonnie M Smith

01/28/2015

\*\* 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.