SEC	Form 4
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FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

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Transaction(s)

1,710

15,263

D

D

(Instr. 4)

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

					0,000		TVCSUTIC		inpany Act o	11540							
1. Name and Address of Reporting Person [*] Rosa David J.					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)						
									-		Directo			10% O			
(Last)	st) (First) (Middle)					3. Date of Earliest Transaction (Month/Day/Year) 02/26/2024						C Officer below)	,		Other (below)	specify	
1020 KIFER ROAD					02/20/	202.							Pre	sident			
1020 KITER ROAD				4. If Am	4. If Amendment, Date of Original Filed (Month/Day/Year)						6. Individual or Joint/Group Filing (Check Applicable						
(Street)											Line)						
SUNNYVALE CA 94086									2	Form fi	led by One	e Repor	ting Perso	n			
	WALL C	CA 94080										Form filed by More than One Reporting Person			ting		
(City)	(State)	(Zip)		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 the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.										to satisfy							
		Та	ble I - No	n-Deriv	vative S	ecurities Acq	uired,	Dis	posed of	, or Ber	neficially	/ Owned					
1. Title of Security (Instr. 3) 2. Transa Date (Month/L			action Day/Year)	Execution Date,		iction Instr.	4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4) Securitie Beneficia Owned F	5. Amount of Securities Beneficially Owned Following		Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	Amount (A) or Pr		Price	Reported Transaction(s) (Instr. 3 and 4)							
Common Stock			02/26/2024			M ⁽¹⁾		1,710	A	\$0.0	216,807			D			
Common Stock 02/2			5/2024		F ⁽¹⁾		867	D	\$389.7	389.77 215,940			D				
			Table II -			curities Acqu Ils, warrants,						Owned					
1. Title of Derivative Security (Instr. 3)	e of 2. 3. Transaction 3A. Deemed ative Conversion Date Execution Date, rity or Exercise (Month/Day/Year) if any		Date, T	ransaction ode (Instr.	5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)	6. Date Exercis Expiration Date (Month/Day/Yea		te	of Securit Underlyir	ig e Security	8. Price of Derivative Security (Instr. 5)	Derivative derivativ Security Securitie		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficia Ownershi (Instr. 4)		

Explanation of Responses:

\$<mark>0.0</mark>

\$<mark>0.0</mark>

Restricted

Units - 2-

26-2024

Stock

Units Restricted Stock

1. RSUs vest 25% per year over a four year period, commencing on the first anniversary of the grant date. RSUs convert into common stock on the vest date on a one-for-one basis. 25 % of the shares have been released and a portion of the shares were held back to cover the statutory tax withholding requirements. The net shares were deposited into the holders account.

2. Each RSU granted represents a contingent right to receive one share of Intuitive Surgical common stock. The grant vests 25% on the first anniversary of the date of grant and annually thereafter, over a four year period

Date Exercisable

(2)

(2)

Expiration Date

02/26/2025

(2)

By: Donna Spinola For: Rosa, 02/27/2024 David J

** Signature of Reporting Person Date

Amount

or Number

Shares

1,710

15,263

\$0.0

\$<mark>0.0</mark>

of

Title

Commo

Stock

Common

Stock

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).

02/26/2024

02/26/2024

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

Code ۷

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(A)

15,263

(D)

1,710

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.