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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

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

1. Name and Address of Reporting Person*						2. Issuer Name and Ticker or Trading Symbol INTUITIVE SURGICAL INC [ISRG]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
GUTHART GARY S							·					- 4		X Dire	ctor		10% Ov	vner	
(Last) (First) (Middle)						Date of Earliest Transaction (Month/Day/Year)									X Officer (give title below)			specify	
1020 KIFER ROAD						02/01/2018									President & CEO				
1020 141	LICITOTIL																		
(Street)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)				
SUNNYVALE CA 94086															X Form filed by One Reporting Person				
(City)	City) (State) (Zip)													Form filed by More than One Reporting Person					
		Tab	la I Nam	Dariu	a tive	Ca		ioo A 4	autrad D	iono			nofici	Illy Own	- d				
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																			
1. Title of Security (Instr. 3) 2. Transac Date (Month/Date)						Execution Date			r, Transaction Code (Instr. 5		4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4)					6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
						`	,		Code	/ A	mount	(A) or (D)		Repo				(Instr. 4)	
	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Da	d Date,	4. Transa	ansaction ode (Instr.		umber vative urities uired or oosed O) tr. 3, 4 5)	6. Date Exercisal Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Securit (Instr. 3 and 4)		8. Price of Derivativ Security (Instr. 5)		Ownersh Form: Direct (D or Indirec (I) (Instr.	Ownership	Beneficial Ownership t (Instr. 4)	
													Amoun	t					
									Date	Expi	ration		Numbe	r					
				- 0	Code	٧	(A)	(D)	Exercisable	Date		Title	Shares						
Non- Qualified Stock Option (right to buy)	\$178.3867	02/01/2018			D			4,119	(1)	02/10	5/2026	Common Stock	4,119	\$0.00(2)	2,631	L	D		
Non- Qualified Stock Option (right to buy)	\$230.9967	02/01/2018			D			6,750	(3)	08/1	5/2026	Common Stock	6,750	\$0.00 ⁽²⁾	0		D		

Explanation of Responses:

- 1. The remaining shares subject to the option will continue to vest as to 1/8th of the shares six months following 2/16/2016 and 1/48th monthly thereafter.
- 2. The option was cancelled with respect to the number of shares reported pursuant to an agreement between the reporting person and the issuer. The option cancellation was in partial satisfaction of the terms of a settlement of claims brought in a purported stockholder's derivative lawsuit against the reporting person, among other current and former officers and directors of the issuer, and the issuer as a nominal defendant.
- 3. The option was vesting as to 7/48th of the shares one month following 8/15/2016 and 1/48th monthly thereafter immediately prior to cancellation.

02/05/2018 /s/ Gary S Guthart

** 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.