

OMB APPROVAL	
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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

1. Name and Address of Reporting Person* <u>GUTHART GARY S</u> (Last) (First) (Middle) <u>950 KIFER ROAD</u> (Street) <u>SUNNYVALE CA 94086</u> (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>INTUITIVE SURGICAL INC [ISRG]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title below) Other (specify below) <u>Sr. Vice President</u>
	3. Date of Earliest Transaction (Month/Day/Year) <u>03/10/2006</u>	
	4. If Amendment, Date of Original Filed (Month/Day/Year)	

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	03/10/2006		M		1,850	A	\$18.5	8,498	D	
Common Stock	03/10/2006		M		3,650	A	\$11.74	12,148	D	
Common Stock	03/10/2006		S		5,500	D	\$88.8985	6,648	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)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (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)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
				Code	V	(A)	(D)	Date Exercisable	Expiration Date						Title
Stock Option	\$18.5	03/10/2006		M		1,850		(1)	02/01/2012	Common Stock	1,850	\$18.5	29,650 ⁽²⁾	D	
Stock Option	\$11.74	03/10/2006		M		3,650		(3)	02/06/2013	Common Stock	3,650	\$11.74	8,594 ⁽⁴⁾	D	

Explanation of Responses:

- All share option grants are vested.
- This number reflects the correct number of shares that remain subject to this option after taking into account the transaction being reported herein. Reports filed on 11/10/2005 (amended 11/15/2006) and 12/12/2005 inadvertently reflected only the number of shares then exercisable pursuant to the option rather than the total number of shares that remained subject to the option at that time.
- Exercised shares are fully exercisable; remaining option shares vested at 1/48th of total grant per month.
- This number reflects the correct number of shares that remain subject to this option after taking into account the transaction being reported herein. Reports filed on 11/2/2005, 11/10/2005(amended 11/15/2005), 12/14/2005 and 2/21/2005 inadvertently reflected only the number of shares then exercisable pursuant to the option rather than the total number of shares that remained subject to the option at that time.

Remarks:

/s/ Gary Gurthart 03/14/2006
 ** 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.