FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to |
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| 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* Castello Augusto V. (Last) (First) (Middle) 1266 KIFER ROAD | | | | | | Issuer Name and Ticker or Trading Symbol INTUITIVE SURGICAL INC [ISRG] Date of Earliest Transaction (Month/Day/Year) 02/15/2013 | | | | | | | | | Relationship of Reporting Person(s) to Issuer (Check all applicable) Director | | | | | |
|--|---|--|---|----------|---|--|---------|--|---|----------------|---|--|-----------------------------------|--|---|--|--|--|---|--------|
| (Street) SUNNYVALE CA 94086 (City) (State) (Zip) | | | | | 4. 11 | Line) X Form filed by | | | | | | | | | | | nt/Group Filing (Check Applicable d by One Reporting Person d by More than One Reporting | | | |
| | | Tab | le I - Nor | n-Deriv | ative | e Se | curitie | s Ad | cauired. | Disi | oosed o | of. or B | enefic | ially | v Owned | <u> </u> | | | | i |
| 1. Title of Security (Instr. 3) | | | | 2. Trans | 2. Transaction | | | 2A. Deemed Execution Date if any (Month/Day/Yea | | ction nstr. | 4. Securities Acquired (A Disposed Of (D) (Instr. 3, | | ired (A) |) or 5. Amor 4 and Securiti Benefic Owned | | nt of es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | | 7. Nature of Indirect Beneficial Ownership | - |
| | | | | | | | | | Code | v | Amount | (A) (D) | or Pri | ice | Reported Transaction(s) (Instr. 3 and 4) | | | | (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 | Date, | 4. Transaction Code (Instr. 8) | | | | 6. Date Exercisal Expiration Date (Month/Day/Year | | | 7. Title and Amount of Securities Underlying Derivative Securi (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4) | ly | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership t (Instr. 4) | t I |
| | | | | | Code | v | (A) | (D) | Date Exercisabl | | xpiration ate | Title | Amou or Numb of Share | ber | | | | | | |
| Non- Qualified Stock Option (right to buy) | \$383.73 | 08/15/2013 | | | A | | 5,000 | | (1) | 08 | 8/15/2023 | Commor Stock | 5,00 | 00 | \$0.0 | 5,000 | | D | | |
| Non- Qualified Stock Option (right to buy) | \$569.21 | 02/15/2013 | | | A | | 5,000 | | (2) | 02 | 2/15/2023 | Commor Stock | 5,00 | 00 | \$0.0 | 5,000 | | D | | |

Explanation of Responses:

- 1. Non-statutory stock option granted pursuant to the 2010 Employee Stock Option Plan. Option shall vest 7/48 one month after the date of grant and 1/48th each month thereafter.
- 2. Non-statutory stock option granted pursuant to the 2010 Incentive Award Plan. Option shall vest 1/8 six months after the date of grant and 1/48th each month thereafter.

08/16/2013 <u>Augusto V Castello</u>

** Signature of Reporting Person

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.