FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

<b>STATEMENT</b>	<b>OF CHANGES</b>	IN BENEFICIAL	OWNERSHIP

	OMB APPRO	VAL
	OMB Number:	3235-0287
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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

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1. Name and Address of Reporting Person* <u>Brogna Salvatore</u>						2. Issuer Name <b>and</b> Ticker or Trading Symbol  INTUITIVE SURGICAL INC [ ISRG ]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  X Officer (give title Other (specify bellevi)				
(Last) (First) (Middle) 1020 KIFER ROAD					3. Date of Earliest Transaction (Month/Day/Year) 02/17/2015											below)	респу	
(Street) SUNNYVALE CA 94086			4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									dividual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting					
(City)	(S	tate)	(Zip)												Person			
		Tab	le I - No	n-Deriv	vative	e Se	curitie	s Ac	quired	, Dis	posed c	of, or Be	neficia	ally Owne	d			
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Ye		Execution Date,		Transaction Disposed Code (Instr.		ties Acquired (A) or I Of (D) (Instr. 3, 4 and 5)		d 5) Securiti Benefic Owned	Beneficially Owned Following		: Direct Indirect Str. 4)	7. Nature of Indirect Beneficial Ownership				
								Code	v	Amount	(A) or (D)	Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock			02/18	3/2015	5			M		521	A	\$0.0	)(1) {	388		D		
Common Stock			02/18	3/2015	2015					203	D	\$512	2.86	585		D		
Common Stock													(	500			oy Father	
		٦	Γable II -								osed of converti			ly Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion Oate (Month/Day/Year) 3. Transaction Date (Month/Day/Year) (Month/D. Security (Month/D. Securi			n Date, Transac Code (Ir			tion of		6. Date Exercisab Expiration Date (Month/Day/Year)		е	e and 7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	rivative derivative curity Securities		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amoun or Numbe of Shares	r				
Non- Qualified Stock Option (right to buy)	\$514	02/17/2015			A		2,450		(2)		02/17/2025	Common Stock	2,450	\$0.0	2,450	)	D	
Restricted Stock Units	\$0.0	02/18/2015			M			521	(3)		02/18/2018	Common Stock	521	\$0.0	1,562	2	D	
Restricted Stock Units	\$0.0	02/17/2015			A		3,033		(3)		02/17/2019	Common Stock	3,033	\$0.0	3,033	3	D	

## **Explanation of Responses:**

- 1. On 2/18/14, RSU shares were granted, vesting 25% per year over a four year period. RSUs convect into common stock on the grant date on a one-for-one basis. On 2/18/15, 25% of the shares were released and a portion of the shares were held back to cover the statutory tax withholding requirement. The net shares were deposited into the holders account.
- 2. Non-statutory stock option granted pursuant to the 2010 Employee Stock Option Plan. The option vests 1/8th six months after the date of grant and 1/48th monthly thereafter.
- 3. Each Restricted Stock Unit, granted pursuant to the 2010 Employee Stock Option Plan, 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 of time.

By: Lori Serrano For: Salvatore 02/19/2015 J Brogna

\*\* 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.