FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549
-------------	------	-------

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours per responses	0.5								

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*  Beery Joseph C						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)					
				$\vdash$										X Director		10% Ow		/ner			
(Last) (First) (Middle)						ate c 27/2		Tran	saction (M	onth/E	ay/Year)		Officer below)	(give title		Other (s below)	pecify				
1020 KIFER ROAD					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) SUNNY	VALE C	A	94086												X Form filed by One Reporting Person  Form filed by More than One Reporting  Person						
(City)	(S	tate)		Ru	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 satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.											d to										
		Tab	le I - Non	-Deriv	ative	Se	curitie	s Ac	quired,	Disp	osed c	of, or	Bene	eficial	y Owned	d .					
1. Title of Security (Instr. 3)				Date	ransaction e nth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year		Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			Benefici	es For ally (D) Following (I) (		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)			
									Code	v	Amount	nount (A) or (D)		Price	Transaci (Instr. 3	tion(s)			(11301.4)		
Common	Stock			04/27	7/2023				M		482		A	\$0.0	1,	802	D				
		7	Table II - I						uired, E s, option						Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day/	Date,	4. Transaction Code (Instr. B)				6. Date Exercis: Expiration Date (Month/Day/Yea			7. Title and Amount of Securities Underlying Derivative Se (Instr. 3 and			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly [C	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisat		xpiration ate	Title	O N O	lumber							
Non- Qualified Stock Option (right to buy)	\$295.92	04/27/2023			A		1,709		(1)	0	4/26/2030	Comm		1,709	\$0.0	1,709		D			
Restricted Stock Units	\$0.0	04/27/2023			М			482	(2)		(2)	Comm		482	\$0.0	0		D			
Restricted Stock	\$0.0	04/27/2023			Α		569		(2)		(2)	Comm		569	\$0.0	569		D			

## Explanation of Responses:

- 1. 100% of the shares subject to the option shall vest on the earlier of the one year anniversary of the date of grant or the next Annual Meeting of Stockholders, subject to the Reporting Person's continued service as a director to the issuer.
- 2. 100% of the RSUs shall vest on the earlier of the one year anniversary of the date of grant or the next Annual Meeting of Stockholders, subject to the Reporting Person's continued service.

By: Donna Spinola For: Beery, Joseph C

04/28/2023

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  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.