## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549

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

OMB APPROVAL								
OMB Number:	3235-0287							
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hours per response:	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*					2. Issuer Name and Ticker or Trading Symbol INTUITIVE SURGICAL INC [ ISRG ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)							
SMITE	MITH LONNIE M INTOITI				TITYE SUKGICAL HIIC [ 15KG ]								X Di	Director			10% Ov	wner			
(Last) (First) (Middle) 1020 KIFER ROAD						3. Date of Earliest Transaction (Month/Day/Year) 04/21/2016										Officer (give title below)			Other (s below)		
					4. If	f Ame	ndmen	t, Date	of Orig	inal F	iled (	(Month/D	ay/Yea	ır)			l or	Joint/Group	Filin	g (Check Ap	plicable
(Street) SUNNY	VALE C	A	94086		04/	/21/2	11/2016										Form filed by One Reporting Person Form filed by More than One Reporting				
(City)	(S	itate)	(Zip)											Person							
		Tab	le I - Non	-Deriv	ative	Sec	curiti	es A	cquire	ed, D	isp	osed o	of, or	Ber	neficia	lly Ow	ne	d			
Date				Day/Year) if		2A. Deemed Execution Date if any (Month/Day/Ye		Code (In:		tion Dispose		urities Acquired (A sed Of (D) (Instr. 3,			Beneficially Owned Following		es ally Following	Forn (D) c	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
								Со	de	,	Amount		(A) or (D)	Price	Reported Transaction(s) (Instr. 3 and 4)		tion(s)			(Instr. 4)	
Common Stock 04/2			04/21/	/2016	2016 <sup>(1)</sup>			N	M		650		A	\$0.			5,644		D		
		Т	able II - [									sed of				/ Own	ed				
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/Day	Date,	1. Transaction Code (Instr. 3)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exer Expiration D (Month/Day/		ate		7. Title and Amount of Securities Underlying Derivative S (Instr. 3 and			8. Price of Derivative Security (Instr. 5)		9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	e C s F lly D o (i	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
Coo			Code	v	(A)	(D)	Date Exercis	sable	Ex	piration te	Title		Amount or Number of Shares								
Non- Qualified Stock Option (right to buy)	\$641.91	04/21/2016			A		443		(2)	)	04/	21/2026	Comr		443	\$0.0		443		D	
Restricted Stock Units	\$0.0	04/21/2016			M			650	(3)	)	04/	23/2019	Comr		650	\$0.0		0		D	
Restricted Stock Units	\$0.0	04/21/2016			A		443		(3)	)	04/	21/2020	Comr		443	\$0.0		443		D	

## **Explanation of Responses:**

- 1. As approved by the Issuers Board of Directors on January 28, 2016, these RSUs vested on April 21, 2016, the date of the Issuer?s annual stockholders meeting, which fell two days earlier than the first anniversary of the date of grant.
- 2. Options will vest 100% on the earlier of the first anniversary of the date of grant or the date of the next annual stockholders meeting.
- 3. The RSUs fully vest on the earlier of the first anniversary of the date of grant or the date of the next annual stockholders meeting.

By: Lori Serrano For: Lonnie 04/25/2016 M Smith

\*\* 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.