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 |           |  |  |  |  |  |  |  |  |  |

0.5

hours per response:

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   | on 30(h)  | of the  | Investment (   | Company         | Act                                     | of 1940  |   |                            |  |   |  |                                       |
|---|---|--|---|--------|--|---|-----------|---------|--|-----------------|---|--|---|----------------------------|--|---|--|---------------------------------------|
| 1. Name and Address of Reporting Person*                      |   |  |   |        | 2. Issuer Name <b>and</b> Ticker or Trading Symbol INTUITIVE SURGICAL INC [ ISRG ] |   |           |         |  |                 |   | (Ch  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)                         |                            |  |   |  |                                       |
|   |   |  |   |        |  |   |           |         |  |                 |   |  | X Direc   | or                         |  | 10% O   | vner   |                                       |
| (Last) (First) (Middle) 1266 KIFER ROAD                       |   |  |   |        |  | 3. Date of Earliest Transaction (Month/Day/Year) 04/19/2012 |           |         |  |                 |   |  | Office<br>below   | r (give title<br>')        |  | Other (s  | specify  |                                       |
|   |   |  |   |        | 4. 11  | f Ame   | ndment.   | Date    | of Original Fi   | led (Mont       | h/Da                                    | av/Year)   | 6.1   | ndividual or               | Joint/Grou   | p Filin   | g (Check Ap  | plicable                              |
| (Street) SUNNYVALE CA 94086                                   |   |  |   |        | 4. If Amendment, Date of Original Filed (Month/Day/Year)                           |   |           |         |  |                 | Lin                                     | Line)  X Form filed by One Reporting Person  Form filed by More than One Reporting  Person |   |                            |  |   |  |                                       |
| (City)  | (S  | tate)                                      | (Zip)   |        |  |   |           |         |  |                 |   |  |   | 1 0100                     | ,,,,   |   |  |                                       |
|   |   | Tab  | le I - Non  | -Deriv | ative  | Se  | curitie   | s Ad    | quired, D  | ispose          | d o                                     | f, or Be   | neficial  | ly Owne                    | d  |   |  |                                       |
| 1. Title of Security (Instr. 3)  2. Transac Date (Month/Date) |   |  |   |        | Execution Date   |   | Code (Ins | on Disp | 4. Securities Acquired (A)<br>Disposed Of (D) (Instr. 3,<br>5) |                 |   | Benefic  | ies<br>ially<br>Following   | Forn<br>(D) o              | n: Direct<br>or Indirect<br>nstr. 4)   | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership<br>(Instr. 4) |  |                                       |
|   |   |  |   |        |  |   |           | Code    | Amo  | ount (A) or (D) |   | Price  | Transa  | ed<br>ction(s)<br>3 and 4) |  |   |  |                                       |
|   |   | Т  |   |        |  |   |           |         | uired, Dis<br>s, options                                       |                 |   |  |   | Owned                      |  |   |  |                                       |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)           | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution I<br>if any<br>(Month/Day | Date,  | 4.<br>Transa<br>Code (<br>8)   |   |           |         | 6. Date Exerc<br>Expiration D<br>(Month/Day/                   | ate             | Amour<br>Ar) Securi<br>Underl<br>Deriva |  | 7. Title and<br>Amount of<br>Securities<br>Juderlying<br>Jerivative Security<br>Instr. 3 and 4) |                            | 9. Numbe<br>derivative<br>Securities<br>Beneficial<br>Owned<br>Following<br>Reported<br>Transactie<br>(Instr. 4) | e<br>s<br>ally<br>g   | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>(Instr. 4) |
|   |   |  |   |        | Code   | v   | (A)       | (D)     | Date<br>Exercisable  | Expiration Date | on                                      | Title  | Amount<br>or<br>Number<br>of<br>Shares  |                            |  |   |  |                                       |
| Non-<br>Qualified<br>Stock<br>Option<br>(right to<br>buy)     | \$579.24  | 04/19/2012                                 |   |        | A  |   | 2,500     |         | (1)  | 04/19/20        | )22                                     | Common<br>Stock  | 2,500   | \$0                        | 2,500  | )   | D  |                                       |

## Explanation of Responses:

1. Non-statutory stock option granted pursuant to the Non-Employee Directors' Stock Option Plan. Option shall vest 100% one year after the date of grant date.

Amal M. Johnson

04/19/2012

\*\* 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.