FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

| Washington, | DC | 205/19 |
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| vvasiliilytuii, | D.C. | 20049 |

| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See | STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP |
|---|--|
| Instruction 1(b). | Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 |

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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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|---|---|------------|----------|--|---------------------------------------|---|--------|--|---------------------------------------|--------|---|--|-----------------|---|---|--------------------------|--|---------------------------------------|---|--|
| Name and Address of Reporting Person* CHIEFT A DIT. C. A DIV. C. | | | | | | 2. Issuer Name and Ticker or Trading Symbol INTUITIVE SURGICAL INC [ISRG] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | |
| <u>GUTHART GARY S</u> | | | | | | interior bottorer into | | | | | | | | 7 | X Director | | | 10% Owner | | |
| (Last) | (F | irst) | (Middle) | | | Date of Earliest Transaction (Month/Day/Year) | | | | | | | - > | Officer below) | (give title | | Other (s | specify | | |
| ` ′ | , | • | (| | 08/ | 08/15/2019 | | | | | | | President & CEO | | | | | | | |
| 1020 KIFER ROAD | | | | | | | | | | | | | | | | | | | | |
| (Street) | | | | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable Line) | | | | | | |
| SUNNY | VALE C | A ! | 94086 | | | | | | | | | | | 1 2 | √ Form f | iled by One | e Repo | Reporting Person | | |
| , | | | | | | | | | | | | | | | Form f | iled by Mor | re thar | n One Repo | rtina | |
| (City) | (S | itate) | (Zip) | | | Form filed by More than On Person | | | | | | | | | | . Gilo riopo | 9 | | | |
| | Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned | | | | | | | | | | | | | | | | | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | Execution Date, | | | Transaction Dispos Code (Instr. 5) | | Dispose | urities Acquired (A sed Of (D) (Instr. 3, | | 4 and Securit Benefic Owned | | es ially Following | Form (D) o | : Direct r Indirect str. 4) | 7. Nature of Indirect Beneficial Ownership | |
| | | | | | | | | | Code | v | Amount | (A) (D) | or F | Price | Reported Transact (Instr. 3 | tion(s) | | | (Instr. 4) | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | | |
| | | | ` | | uts, | Calls | , waii | ants | s, optio | 115, 0 | Jonventi | DIE SE | unu | | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | perivative Conversion Date Execution Date, True or Exercise (Month/Day/Year) if any | | | | ransaction of Code (Instr. Derivative | | | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4) | | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | illy | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) | | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | | Expiration Date | Title | or Nui of | ount mber ares | | | | | | |
| Non- Qualified Stock Option (right to buy) | \$499.87 | 08/15/2019 | | | A | | 7,500 | | (1) | O | 8/15/2029 | Commo Stock | ¹ 7, | 500 | \$0.0 | 7,500 | | 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.

Gary S Guthart

08/19/2019

** 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.