FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
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

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Name and Address of Reporting Person* Rosa David J.						2. Issuer Name and Ticker or Trading Symbol INTUITIVE SURGICAL INC [ISRG]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify					
(Last) 1020 KII		3. Date of Earliest Transaction (Month/Day/Year) 02/06/2023								X	X Officer (give title below) Other (specification) EVP Chief Strategy & Growth Of								
(Street) SUNNYVALE CA 94086						4. If Amendment, Date of Original Filed (Month/Day/Year)								Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	(S	itate)	(Zip))											Person				
		Tab	le I - I	Non-Deri	ivativ	e Sec	curit	ies A	cquire	d, D	isposed o	f, or B	enefic	cially	Owned				
1. Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Ye					Execution Date,		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and		d 5)	5. Amount of Securities Beneficially Owned Followi		Form (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership			
					Code	v	Amount	(A) or (D)	Price		Reporte Transac (Instr. 3	tion(s)			(Instr. 4)				
Common Stock 02/06/202						23		M ⁽¹⁾		54,000	A	\$63.	2456	170,410			D		
Common Stock 02/06/202									S ⁽¹⁾		45,025	D	\$250	.528(2)	28 ⁽²⁾ 125,385			D	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	if any	emed ion Date, /Day/Year)	4. Transa Code (8)				6. Date Exer Expiration I (Month/Day/		ate	7. Title and Amou of Securities Underlying Derivative Securi (Instr. 3 and 4)		D	Price of erivative ecurity nstr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
				Co		v	(A)	(D)	Date Exerci	isable	Expiration Date	Title	Amo or Num of Shar	ber					
Non- Qualified Stock Option (right to buy)	\$63.2456	02/06/2023			M ⁽¹⁾			54,000	(3	3)	02/15/2023	Commor Stock	54,0	000	\$0.0	0		D	

Explanation of Responses:

- 1. The transaction took place in accordance with a Trading Plan that complies with SEC Rule 10b5-1 and expires on August 15, 2023.
- 2. The price reported in Column 4 is a weighted average sale price. These shares were sold in multiple transactions at prices ranging from \$248.78 to \$252.47 as follows: 6,434 shares sold at \$248.78 to \$249.77; 21,711 shares sold at \$249.79 to \$250.79; 15,580 shares sold at \$250.80 to \$251.77; and 1,300 shares sold at \$251.88 to \$252.47. The Reporting Person hereby undertakes to provide to the Securities and Exchange Commission staff, the Issuer, or a security holder of the Issuer, upon request, full information regarding the number of shares sold at each respective price within the range set forth in this footnote.
- 3. Non-statutory stock option granted pursuant to the 2010 Incentive Award Plan. Option shall vest 1/8 six months after the date of grant and 1/48th each month thereafter.

By: Donna Spinola For: Rosa, David J

02/07/2023

** 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.