FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL								
OMB Number: 3235-028								
Estimated average burden								
hours ner resnonse.	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

Name and Address of Reporting Person* Andersen Reiter Kara					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 KI	(F FER ROAL	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 02/26/2021								7	below)		Other (s below) Counsel & CC		·	
(Street)			94086		4. If Amendment, Date of Original File						d (Month/Day/Year)				6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(5		(Zip) Ie I - Non	ı-Deriv	/ative	e Se	curitie	s Ar	auired.	Disr	nosed o	of. or F	ene	ficial	v Owner	<u> </u>				
1. Title of Security (Instr. 3) 2. Tra				2. Trans	saction 2 I/Day/Year) i		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3,		(A) or	5. Amou Securitie Benefici Owned F	5. Amount of Securities Beneficially Owned Following		Direct Indirect Istr. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A (D	or	Price	Reporte Transac (Instr. 3	tion(s)		[Instr. 4)	
Common Stock					/28/2021				M ⁽¹⁾		376	i A		\$0.0	5,	5,031		D		
Common Stock 02				02/2	/28/2021				F ⁽¹⁾		187		D	\$0.0	4,	844		D		
		7	ا - Table II)						uired, D 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. Deeme Execution if any (Month/Day	d Date,	4. Transaction Code (Instr. 8)		5. Number of		6. Date Exercisa Expiration Date (Month/Day/Year		ble and	7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)		curity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s ally	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisable		kpiration ate	Title	or Nu of	umber						
Non- Qualified Stock Option (right to buy)	\$736.8	02/26/2021			A		978		(2)	02	2/26/2031	Commo Stock	n !	978	\$0.0	978		D		
Restricted Stock Units	\$0.0	02/28/2021			M			376	(3)	02	2/28/2024	Commo	n	376	\$0.0	1,127		D		
Restricted						_														

Explanation of Responses:

- 1. RSUs convert into common stock on the vest date on a one-for-one basis. On the transaction date, 25% of the shares were released and a portion of the shares were held back to cover the statutory tax withholding requirement. The net shares were deposited into the holders account
- 2. Non-statutory stock option granted pursuant to the 2010 Incentive Award Plan. The option vests 1/8th six months after the date of grant and 1/48th monthly thereafter.
- 3. Each RSU granted represents a contingent right to receive one share of Intuitive Surgical common stock. The grant vests 25% on the first anniversary of the date of grant and annually thereafter, over a four year period.

By: Donna Spinola For: Kara **Andersen Reiter**

03/02/2021

** 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.