FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL								
	OMB Number:	3235-0287							
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l	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 ar		2. Issuer Name and Ticker or Trading Symbol INTUITIVE SURGICAL INC [ISRG]								Relationship of Reporting Person(s) to Issue (Check all applicable) Director Officer (six title) Other (co.				vner				
(Last) (First) (Middle) 1020 KIFER ROAD						3. Date of Earliest Transaction (Month/Day/Year) 02/17/2015									Officer (give title below) SVP & CFO			specify
(Street) SUNNYVALE CA 94086				4.1	4. If Amendment, Date of Original Filed (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					
(City) (State) (Zip)						Person												
			le I - No	_		_			-	Dis	1			ly Owned				
Date					/Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A Disposed Of (D) (Instr. 3,			5) Securition Benefici Owned I	5. Amount of Securities Beneficially Owned Following Reported		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
								Code	v	Amount (A) (C)		Price	Transac	Transaction(s) (Instr. 3 and 4)			(1115ti. 4)	
Common	Stock	8/2015	2015			M		521	A	\$0.0	1,	1,968		D				
Common	Stock		8/2015	2015		F		272	D	\$512.8	36 1,	1,696		D				
		٦	Гable II -								osed of, converti			Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Executior if any (Month/Da	n Date,	4. Transactio Code (Instr 8)		n of		6. Date Exercis Expiration Date (Month/Day/Yea		е	7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercisab		Expiration Date	Title	Amount or Number of Shares					
Non- Qualified Stock Option (right to buy)	\$514	02/17/2015			A		2,275		(2)	(02/17/2025	Common Stock	2,275	\$0.0	2,275		D	
Restricted Stock Units	\$0.0	02/17/2015			A		2,817		(3)		02/17/2018	Common Stock	2,817	\$0.0	2,817		D	
Restricted Stock Units	\$0.0	02/18/2015			M			521	(3)		02/18/2018	Common Stock	521	\$0.0	1,562		D	

Explanation of Responses:

- 1. On 2/18/14, RSU shares were granted, vesting 25% per year over a four year period. RSUs convect into common stock on the grant date on a one-for-one basis. On 2/18/15, 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 Employee Stock Option Plan. The option vests 1/8th six months after the date of grant and 1/48th monthly thereafter.
- 3. Each Restricted Stock Unit, granted pursuant to the 2010 Employee Stock Option Plan, 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 of time.

By: Lori Serrano For: Marshall 02/19/2015

** 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.