FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL										
OMB Number:	3235-028									
	burdon									

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

							. ,				' '									
1. Name and Address of Reporting Person* SMITH LONNIE M						2. Issuer Name and Ticker or Trading Symbol INTUITIVE SURGICAL INC [ ISRG ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
						interior in the property of th									X Directo	or		10% Ov	vner	
(Last) (First) (Middle)						Date of Earliest Transaction (Month/Day/Year)								<b>-</b>   :	X Officer below)	(give title		Other (s	specify	
950 KIFER RD.						11/08/2005										Preside	ent, C	EO		
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
SUNNYVALE CA 94086													- 1	X Form filed by One Reporting Person						
(City)	(S	State)	(Zip)												Form filed by More than One Reporting Person					
		Tab	le I - Noi	า-Deriv	ative	Se	curitie	s Ac	quired, I	Disp	oosed c	of, or B	ene	eficial	y Owned	d				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)					Exe pay/Year) if ar		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. r) 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)			Benefici Owned I	ies Fo ially (D) Following (I)		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) (D)	or	Price	Reporte Transac (Instr. 3	ction(s)			(IIISU. 4)	
Common Stock 11/08/2					3/2005	/2005		М		4,500	4,500 A		\$14.5	5 4,	4,500		D			
		7	able II -						uired, Di , option						Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security		3A. Deeme Execution if any (Month/Da	Date,	4. Transactior Code (Instr. 8)				6. Date Exercisa Expiration Date (Month/Day/Yea		Amount of			8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership ct (Instr. 4)		
					Code	v	(A)		Date Exercisable		xpiration ate	Title	OI N Of	umber						
Stock Option	\$14.5	11/08/2005			M		4,500		(1)	0:	1/22/2011	Commo Stock	1 4	4,500	\$14.5	23,206	5	D		

## **Explanation of Responses:**

1. All share option grants are vested.

## Remarks:

/s/Lonnie M Smith

11/09/2005

\*\* 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.