FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL										
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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* NACHTSHEIM JAMI K				2. Issuer Name and Ticker or Trading Symbol INTUITIVE SURGICAL INC [ISRG]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)								
IVACITI STILLIWI JAWII K													X	X Director			10% Ov	vner			
(Last) 1020 KII	(F FER ROAD	•	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 04/28/2022									Officer below)	(give title	Other (specify below)					
					4 If	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Group Filing (Check Applicable															
(Street)					'	4. If Americanent, Date of Original Flied (Month/Day/feat)									Line)						
SUNNYVALE CA 94086					1										X Form filed by One Reporting Person						
501111	VIIEE C.		7 1000		1									Form filed by More than One Reporting							
(City)	(S	tate) ((Zip)												Persor	1					
	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3) 2. Trans Date (Month/			ate	action 2A. Deemed Execution Date, if any (Month/Day/Year		e, Transaction Dispos Code (Instr. 5)		Dispose	Securities Acquired (A) sposed Of (D) (Instr. 3, 4			5. Amou Securitie Beneficia Owned F	es ally Following	Form (D) or	: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership					
						Code V Amount (A) or P						r Price	Đ	Reported Transaction(s) (Instr. 3 and 4)				Instr. 4)			
	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)	3A. Deemed Execution Dat if any (Month/Day/Yo	Code (Instr.			saction of E		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		De Se (Ir	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4		Beneficial Ownership (Instr. 4)			
				С	ode	v	(A)	(D)	Date Exercisable		piration ate	Title	Amount or Number of Shares	r							
Non- Qualified Stock Option (right to buy)	\$243.26	04/28/2022			A		1,448		(1)	04	/27/2029	Common Stock	1,448	3	\$0.0	1,448		D			
Restricted Stock Units	\$0.0	04/28/2022			A		482		(2)		(2)	Common Stock	482		\$0.0	482		D			

Explanation of Responses:

- 1. 100% of the shares subject to the option shall vest on the earlier of the one year anniversary of the date of grant or the next Annual Meeting of Stockholders, subject to the Reporting Person's continued service as a director to the issuer.
- 2. 100% of the RSUs shall vest on the earlier of the one year anniversary of the date of grant or the next Annual Meeting of Stockholders, subject to the Reporting Person's continued service.

By: Donna Spinola For: Nachtsheim, Jami Kay

04/29/2022

** 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.