FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	DC	20549
vvasiiiigtoii,	D.C.	20049

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

	OMB APPROVAL										
	OMB Number:	3235-0287									
	Estimated average b	urden									
- 1	hours nor rosponso:	0.5									

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940 Instruction 1(b).

Name and Address of Reporting Person* Myriam Curet				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	(FER ROAI	*	(Middle)		3. Date of Earliest Transaction (Month/Day/Year) 02/26/2021							X	below) below) EVP & Chief Medical Officer						
(Street) SUNNY (City)		State)	94086 (Zip)	Parin					of Original		`			Line)	Form fi Form fi Persor	iled by One iled by Mor	Filing (Chece Reporting Fee than One I	erson	1
1. Title of Security (Instr. 3)			2. Transaction Date (Month/Day/Year)		2A. Deemed Execution Date,		3. Transaction Code (Instr.		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)) or	5. Amou Securitie Benefici	5. Amount of Securities Beneficially Owned Following		t c ct E	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) (D)	or P	rice	Transaci (Instr. 3	tion(s)		Ι,		
Common Stock		02/28/2021		1			M ⁽¹⁾		752	A	1	\$0.0	8	46	D				
Common	Common Stock		02/28	/28/2021				F ⁽¹⁾		373 D			\$0.0	473		D			
Common	Stock			03/02	/202	1			S ⁽²⁾		379	I)	\$ <mark>760</mark>	9	94	D		
Common	Stock														3	30	I	ŀ	y Trust
1. Title of	1.	3. Transaction	Table II - I	(e.g., p	uts,		s, warı	rants	, option	s, c	onverti	ble sec	uriti	es)	Owned 8. Price of	9. Number	r of 10.		11. Nature
Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Harsaction Date (Month/Day/Year)	Execution I if any (Month/Day	Date, T	4. Transaction Code (Instr. B)		n of		6. Date Exercisa Expiration Date (Month/Day/Year			7. Title and Amount of Securities Underlying Derivative Secu (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	Ownershi Form: ly Direct (D) or Indirec (I) (Instr.	(D) irect	of Indirect Beneficial Ownership (Instr. 4)
N.				C	Code	v v	(A)	(D)	Date Exercisab		xpiration ate	Title	or Nun of	mber ares					
Non- Qualified Stock	\$736.8	02/26/2021			A		3,421		(3)	0:	2/26/2031	Common	3,4	421	\$0.0	3,421)	

Explanation of Responses:

\$0.0

Option (right to

buy) Restricted

Stock Units

Stock Units

Restricted

02/28/2021

02/26/2021

- 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. These shares were sold in accordance with a Trading Plan that complies with SEC Rule 10b5-1 and expires on July 26, 2021.
- 3. 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.

2,281

4. 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.

(4)

(4)

By: Donna Spinola For: 03/02/2021 **Myriam Curet**

Stock

Commor

Stock

Common

Stock

752

2,281

\$0.0

2,255

2,281

D

02/28/2024

02/26/2025

** 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.