| SEC Form 4 | |
|------------|--|
|------------|--|

 \square

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b) |
|---|
| Instruction 1(b). |
| |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| OWB APPRC | IVAL |
|-------------------------|-----------|
| OMB Number: | 3235-0287 |
| Estimated average burde | en |
| hours per response: | 0.5 |

| 1. Name and Address of Reporting Person [*] <u>MOHR MARSHALL</u> | | | 2. Issuer Name and Ticker or Trading Symbol <u>INTUITIVE SURGICAL INC</u> [ISRG] | | ationship of Reporting Pe < all applicable) Director Officer (give title | erson(s) to Issuer 10% Owner Other (specify |
|---|---------|----------|--|------------------------|---|---|
| (Last) (First) (Middle) 1020 KIFER ROAD | | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 03/03/2016 | | below) SVP & C | below) |
| (Street) SUNNYVALE | СА | 94086 | 4. If Amendment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) X | vidual or Joint/Group Fili Form filed by One Re Form filed by More th | porting Person |
| (City) | (State) | (Zip) | | | Person | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | 4. Securities Disposed Of | | | Securities | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---------------------------------|--|---|---|---|------------------------------|---------------|-----------------------------|------------------------------------|---|---|
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150. 4) |
| Common Stock | 03/03/2016 | | М | | 2,500 | Α | \$107.27 | 3,621 | D | |
| Common Stock | 03/03/2016 | | S | | 2,500 | D | \$575 ⁽¹⁾ | 1,121 | D | |

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 Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Deri Sec Acq (A) o Disp of (E (Inst | 5. Number of Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | ate | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|---|--|---------------------|--------------------|--|--|---|--|--|--|
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Non- Qualified Stock Option (right to buy) | \$107.27 | 03/03/2016 | | М | | | 2,500 | (2) | 02/17/2019 | Common Stock | 2,500 | \$0.0 | 0 | D | |

Explanation of Responses:

1. These shares were sold pursuant to a Rule 10b5-1 Trading Plan, entered into on September 11, 2015.

2. Non-statutory stock option granted pursuant to the 2000 Employee Stock Option Plan. Option shall vest 1/8 six months after the date of grant and 1/48th each month thereafter.

Marshall L Mohr

** Signature of Reporting Person

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.

Date

^{03/04/2016}