FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

/ashington,	D.C.	20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
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

Name and Address of Reporting Person* Reed Monica P					2. Issuer Name and Ticker or Trading Symbol INTUITIVE SURGICAL INC [ISRG]								(Ch	5. Relationship of Reporting Person(s) to Issue (Check all applicable) X Director 10% Own						
(Last) (First) (Middle)					04/2	3. Date of Earliest Transaction (Month/Day/Year) 04/27/2023									Officer (give title Other (speci below) below)					
1020 KIFER ROAD						4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)					
(Street) SUNNY	VALE C	A	94086											X Form filed by One Reporting Person Form filed by More than One Reporting Person						
(City) (State) (Zip)					Rule 10b5-1(c) Transaction Indication															
						Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Tab	le I - Non-	Deriva	ative	Sec	curitie	s Ac	quired,	Disp	osed o	of, or	Bene	eficial	ly Owned	t				
1. Title of Security (Instr. 3)				2. Transa Date (Month/D	/Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year		Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			Benefici	es Forr (D) of Following ed (I) (II)		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
									Code	v	Amount	(A) or (D)		Price			Transac (Instr. 3			
Common	Stock			04/27	7/2023			M		482	482 A		\$0.0	1,	037		D			
		7	able II - D						uired, D s, optior						Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution E if any (Month/Day	ate, T	4. Transaction Code (Instr. 3)				6. Date Exercis Expiration Date (Month/Day/Yea			7. Title and Amount of Securities Underlying Derivative Se (Instr. 3 and 4		D Security	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	s Ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
				C	ode	v	(A)	(D)	Date Exercisab		xpiration ate	Title	N O	Amount or lumber of Shares						
Non- Qualified Stock Option (right to buy)	\$295.92	04/27/2023			A		1,709		(1)	0.	4/26/2030	Comn		1,709	\$0.0	1,709		D		
Restricted Stock Units	\$0.0	04/27/2023			M			482	(2)		(2)	Comn		482	\$0.0	0		D		
Restricted Stock	\$0.0	04/27/2023			A		569		(2)		(2)	Comn		569	\$0.0	569		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
- 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: Reed, Monica P.

04/28/2023

** 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.