FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
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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* GUTHART GARY S					INTUITIVE SURGICAL INC [ISRG]								elationsnip eck all appli X Directo	cable)	g Pers	son(s) to iss 10% Ov			
(Last) 1020 KI	t) (First) (Middle) 0 KIFER ROAD				3. Date of Earliest Transaction (Month/Day/Year) 02/17/2015								X Officer below)	(give title Presider	nt & (Other (s below) CEO	pecify		
(Street)	et) NNYVALE CA 94086				4. II	4. If Amendment, Date of Original Filed (Month/Day/Year)								6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting					
(City)	(S	itate)	(Zip)										Person						
		Tab	le I - No	n-Deri	vative	e Se	curitie	s Ac	quired,	Dis	posed c	of, or Be	neficial	ly Owned	ł				
1. Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Year)		ar) E	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			Benefici Owned	es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Common Stock				02/18	8/2015				M		625	A	\$0.0(1) 45	45,771		D		
Common Stock 02/1			02/18	3/2015	/2015		F		327	D	\$512.8	45,444		D					
		٦	Γable II -									, or Bend ble secu		Owned					
Derivative Security	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Executior if any (Month/Da	ed Date,	4. Transaction Code (Instr. 8)		5. Number (6. Date Exercise Expiration Date (Month/Day/Yea		able and	7. Title and Amount of Securities Underlying Derivative (Instr. 3 ar	d f g Security	8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares						
Non- Qualified Stock Option (right to buy)	\$514	02/17/2015			A		2,800		(2)		02/17/2025	Common Stock	2,800	\$0.0	2,800)	D		
Restricted Stock Units	\$0.0	02/18/2015			M			625	(3)		02/18/2018	Common Stock	625	\$0.0	1,875	5	D		
Restricted Stock Units	\$0.0	02/17/2015			A		3,467		(3)		02/17/2019	Common Stock	3,467	\$0.0	3,467	,	D		

Explanation of Responses:

- 1. On 2/18/14, RSU shares were granted, vesting 25% per year over a four year period. RSUs convect into common stock on the grant date on a one-for-one basis. On 2/18/15, 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. Non-statutory stock option granted pursuant to the 2010 Employee Stock Option Plan. The option vests 1/8th six months after the date of grant and 1/48th monthly thereafter.
- 3. Each Restricted Stock Unit, granted pursuant to the 2010 Employee Stock Option Plan, 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 of time.

Gary Guthart

02/19/2015

** 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.