FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: 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 s	secti	ion 30(n) of the	e Investment	Con	npany Act	or 1940								
1. Name and Address of Reporting Person* SMITH LONNIE M						2. Issuer Name and Ticker or Trading Symbol INTUITIVE SURGICAL INC [ISRG]									5. Relationship of Reporti (Check all applicable) X Director			ing Person(s) to Issuer		
(Last) (First) (Middle) 1020 KIFER ROAD						3. Date of Earliest Transaction (Month/Day/Year) 02/01/2018									Officer (give title Other (specify below) below)				specify	
(Street) SUNNYVALE CA 94086					4. If	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 Person					
(City)	(S		(Zip)	D i	-4:			: A				- f D		-:	- 0					
Table I - Non-Deriva 1. Title of Security (Instr. 3) 2. Transa Date (Month/Deriva)					action 2 B Day/Year) i		2A. Deemed Execution Date, if any (Month/Day/Yea		a. 4. Secu Transaction Dispose Code (Instr. 5)		4. Securi	rities Acquired (A) o		or 5. Amou Securitie Benefici		nt of es ally -ollowing	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A) or (D)		ice	Transac (Instr. 3	ction(s)			(Instr. 4)	
		7	Table II - D	Derivat e.a pi	tive S	Sec call	uritie Is. wa	s Acc	quired, Di s, option:	ispo s. c	osed of onverti	, or Ben ble sec	efici uritie	ally (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 I if any (Month/Day	d 4 Date, T	4. Γransa	ransaction ode (Instr.		umber ivative urities juired or oosed O) tr. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactic (Instr. 4)	e S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amo or Num of Shar	ber						
Non- Qualified Stock Option (right to buy)	\$168.41	02/01/2018			D			7,500	(1)	0	2/15/2022	Common Stock	7,5	00	\$0.00 ⁽²⁾	0		D		
Non- Qualified Stock Option (right to buy)	\$172.4367	02/01/2018			D			7,500	(1)	0	8/15/2022	Common Stock	7,5	00	\$0.00 ⁽²⁾	0		D		
Non- Qualified Stock Option (right to buy)	\$161.2667	02/01/2018			D			9,000	(1)	0	4/25/2023	Common Stock	9,0	00	\$0.00 ⁽²⁾	0		D		
Non- Qualified Stock Option (right to buy)	\$123.7733	02/01/2018			D			4,500	(1)	0	4/24/2024	Common Stock	4,5	00	\$0.00 ⁽²⁾	0		D		
Non- Qualified Stock Option (right to buy)	\$170.9233	02/01/2018			D			3,150	(1)	0	4/23/2025	Common Stock	3,1	50	\$0.00 ⁽²⁾	0		D		
Non- Qualified Stock	\$213.97	02/01/2018			D			1,329	(1)	0	4/21/2026	Common	1,3	29	\$0.00 ⁽²⁾	0		D		

Explanation of Responses:

Option

(right to buy)

- 1. 100% of the shares subject to the option were fully vested and exercisable immediately prior to cancellation.
- 2. The option was cancelled with respect to the number of shares reported pursuant to an agreement between the reporting person and the issuer. The option cancellation was in partial satisfaction of the terms of a settlement of claims brought in a purported stockholder's derivative lawsuit against the reporting person, among other current and former officers and directors of the issuer, and the issuer as a nominal defendant.

Stock

** 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.