FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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OMB APP	ROVAL
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## 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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

1. Name and Address of Reporting Person*  Johnson Amal M					2. Issuer Name and Ticker or Trading Symbol INTUITIVE SURGICAL INC [ ISRG ]										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
<u>Johnso</u>	n Amal I	<u>VI</u>			1	10	111 /		JICH	<u> </u>	J 11	<u>10</u> [ 10	JICO J			X Dire	ctor		10% O	wner
(Last) 1020 KII	(F FER ROAI	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 04/19/2018											Officer (give title below)		Other (sbelow)	specify
					4. 11	f Ame	ndmen	t, Date	of Origin	nal Fi	iled (	Month/D	ay/Yea	)	6. 1	ndividual (	or Joint/Grou	p Filin	g (Check Ap	plicable
(Street) SUNNY	VALE C	ZA	94086												Lin	X For	n filed by On		•	
(City)	(\$	State)	(Zip)													Per				
		Tab	le I - Nor	-Deriv	ative	Se	curiti	es A	cquire	d, D	isp	osed (	of, or	Ben	eficia	lly Own	ed			
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					Day/Year) i		2A. Deemed Execution Date if any (Month/Day/Yea		Cod				rities Acquired (A) ed Of (D) (Instr. 3, 4			d Secui Benet Owne	icially d Following	Forn (D) c	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership
									Cod	de \	/	Amount	(	A) or D)	Price	Trans	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)
Common	Stock			04/19	9/201	8			M <sup>(</sup>	(1)		513	8	A	A \$0.0 8,874 D					
		T	able II - I )	Derivat e.g., p												Owne	I			
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution I if any (Month/Day	Date,	4. Transa Code ( 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercis Expiration Date (Month/Day/Ye		cisable and		7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)			8. Price of Derivativ Security (Instr. 5)		lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Exp Dat	oiration e	Title	O N O	mount r lumber f hares					
Non- Qualified Stock Option (right to buy)	\$462.71	04/19/2018			A		996		(2)		04/	19/2028	Comm Stock		996	\$0.0	996		D	
Restricted Stock Units	\$0.0	04/19/2018			М			513	(3)		02/	21/2018	Comm Stocl		513	\$0.0	0		D	
Restricted Stock	\$0.0	04/19/2018			A		332		(4)		04/	19/2022	Comm		332	\$0.0	332		D	

## **Explanation of Responses:**

Units

- 1. These shares were acquired from the vest and release of an RSU grant previously issued to the Filer.
- 2. Non-statutory stock option granted pursuant to the Non-Employee Directors' Stock Option Plan. Option shall vest 100% one year after the date of grant or at the next Shareholders Meeting, whichever should take place first, provided that vesting will cease on termination of the Directors service to the Company.
- 3. 100% of the grant will vest on the anniversary date of the grant or the next Annual Shareholders Meeting, whichever takes place first, provided however that vesting will cease on termination of the Director's service to the company.
- 4. Restricted Stock Units (RSUs) are granted pursuant to the 2010 Incentive Award Plan. The RSUs fully vest on the first anniversary of the date of grant.

<u>Amal M. Johnson</u> <u>04/19/2018</u>

\*\* Signature of Reporting Person

Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly.$ 

- \* 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.