FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
OMB Number:	3235-0287								
Estimated average burden									
hours ner resnonse.	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

1. Name and Address of Reporting Person* <u>Charlton Henry L</u>				2. Issuer Name and Ticker or Trading Symbol  INTUITIVE SURGICAL INC [ ISRG ]								(Che	ck all appli Directo	cable)	g Per	son(s) to Iss	vner			
(Last) (First) (Middle) 1020 KIFER ROAD					3. Date of Earliest Transaction (Month/Day/Year) 02/26/2022									X	below)	.0	Other (s below) resident & Chie		·	
(Street) SUNNY (City)			94086 (Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
(- 9)				n-Deriv	ative	Sec	curit	ies Ac	quired	, Dis	sposed o	of, or B	enefi	cially	y Owned	<u> </u>				
Date				Date	ransaction e nth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.						Beneficially Owned Following		Forn (D) o	n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership	
										v	Amount	(A) (D)	r Pri	ce	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Common	Stock			02/26/	2/26/2022				M <sup>(1)</sup>		1,284	. A		\$0.0	16	6,939		D		
Common Stock 02/26					2022				F <sup>(1)</sup>		580	D	\$2	93.51	16	,359		D		
Common Stock 02/28					2022				M <sup>(1)</sup>		1,449	A		\$0.0	17,808			D		
Common Stock 02/28					2022	2022		F <sup>(1)</sup>		654		\$2	90.33	17,154			D			
		Т	able II -								osed of converti				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Executior if any (Month/Da	n Date,	4. Transactio Code (Inst 8)		on of I		6. Date Exercis Expiration Date (Month/Day/Yea		е	7. Title and Amount of Securities Underlying Derivative Se (Instr. 3 and 4			8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (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)		Date Exercisal		Expiration Date	Title	Amo or Num of Shai	ber						
Restricted Stock Units	\$0.0	02/28/2022			M <sup>(1)</sup>			1,449	(2)		02/28/2030	Common Stock	1,4	49	\$0.0	2,898		D		
Restricted Stock	\$0.0	02/26/2022		T	M <sup>(1)</sup>			1,284	(2)		02/26/2031	Common	1,2	84	\$0.0	3,849		D		

Stock Units

1. RSUs vest 25% per year over a four year period, commencing on the first anniversary of the grant date. RSUs convert into common stock on the vest date on a one-for-one basis. 25 % of the shares have been released and a portion of the shares were held back to cover the statutory tax withholding requirements. The net shares were deposited into the holders account.

2. Each RSU granted 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.

By: Donna Spinola For: Henry L Charlton

03/01/2022

\*\* 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.