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 | | | | | | | | | |

0.5

hours per response:

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

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|---|--|--|---|---|--|---|--|---------|--|--------|------------------|---|-----------------------------------|---|---|--|-------|--|--|
| 1. Name and Address of Reporting Person* MERCER WILLIAM J | | | | 2. Issuer Name and Ticker or Trading Symbol INTUITIVE SURGICAL INC [ISRG] | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | | |
| | | | | I^{-} | | | | | | | | | X | Direct | or | | 10% O | wner | |
| (Last) 950 KIF | (F ER ROAD | First) | (Middle) | | | 3. Date of Earliest Transaction (Month/Day/Year) 05/21/2004 | | | | | | | | | Office below | r (give title) | | Other (sbelow) | specify |
| | | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | 6. Individual or Joint/Group Filing (Check Applicable | | | | | |
| (Street) | VALE C | A | 94086 | | | , | | | | | | | | Line) X Form filed by One Reporting Person | | | | | |
| | | | | | | | | | | | | | | | Form filed by More than One Reporting Person | | | | |
| (City) | (5 | State) | (Zip) | | | | | | | | | | | | | | | | |
| | | Tab | le I - Non | -Deriva | ative | Se | curitie | s Ac | quired, I | Dis | posed c | of, or Be | enefic | ially | Owne | d | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Date) | | | | | | ar) E | 2A. Deemed Execution Date, if any (Month/Day/Year | | Transaction Disposed Code (Instr. 5) | | | ties Acqui d Of (D) (In | | 4 and Securit | | ties Fo cially (D) Following (I) | | n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | Code | | | v | Amount | (A) or (D) | | ice | Transac (Instr. 3 | ction(s) | | | (Instr. 4) | |
| | Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities) | | | | | | | | | | | | | | | | | | |
| 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 | Date, T | 4. Transaction Code (Instr 8) | | | | 6. Date Exercisable Expiration Date (Month/Day/Year) | | | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | D S (I | Price of erivative ecurity nstr. 5) | 9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | y | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | | | Code | v | (A) | (D) | Date Exercisable | | xpiration ate | Title | Amou or Numb of Share | er | | | | | |
| Stock Option (right to | \$16.51 | 05/21/2004 | 05/21/20 | 004 | A | | 5,000 | | 05/21/2005 | 0 | 5/21/2014 | common stock | 5,00 | 0 | \$0 | 15,000 | | D | |

Explanation of Responses:

1. Non-statutory stock option granted pursuant to the 2000 Equity Incentive Plan. Option shall vest 1/3rd one year after the date of grant and 1/36th each month thereafter.

Remarks:

/s/William J. Mercer 05/24/2004

** 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.