FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

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*  SMITH LONNIE M                          |   |  |  |              |  | 2. Issuer Name and Ticker or Trading Symbol  INTUITIVE SURGICAL INC [ ISRG ] |            |  |                    |  |  |  | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  X Director 10% Owner                       |   |  |   |  |
|---|---|--|--|--------------|--|--|------------|--|--------------------|--|--|--|---|---|--|---|--|
| (Last)<br>950 KIF   | (Last) (First) (Middle) 950 KIFER ROAD                                |  |  |              |  | 3. Date of Earliest Transaction (Month/Day/Year) 02/17/2009                  |            |  |                    |  |  |  | X Officer (give title Other (specify below)  CEO  |   |  |   |  |
| (Street) SUNNYVALE CA 94086  (City) (State) (Zip)                                 |   |  |  |              | 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 |   |   |  |   |  |
| Table I - Non-Deriva  1. Title of Security (Instr. 3)  2. Transar Date (Month/Dr. |   |  |  |              | n i  | CURITIES  ZA. Deemono Execution f any (Month/Da                              | ed<br>Date | 3.<br>Transaction                              | 4. Secu            | urities Acquired (A) sed Of (D) (Instr. 3, 4 |  | 5. Amou<br>Securitie<br>Beneficie<br>Owned F   | nt of<br>es<br>ally<br>following  | 6. Ownership<br>Form: Direct<br>(D) or Indirect<br>(I) (Instr. 4) |  | 7. Nature<br>of Indirect<br>Beneficial<br>Ownership |  |
|   |   |  |  |              |  |  |            | Code V   | Amount             | (A) or (D)                                   | Price                                  | Transact   | Reported<br>Transaction(s)<br>(Instr. 3 and 4)  |   |  | (Instr. 4)  |  |
|   |   | -  | Table II - De<br>(e.                                   |              |  |  |            | uired, Dis<br>s, options,                      |                    |  |  | Owned  |   |   |  |   |  |
| 1. Title of<br>Derivative<br>Security<br>(Instr. 3)                               | 2.<br>Conversion<br>or Exercise<br>Price of<br>Derivative<br>Security | 3. Transaction<br>Date<br>(Month/Day/Year) | 3A. Deemed<br>Execution Dat<br>if any<br>(Month/Day/Ye | Code (Instr. |  |  |            | 6. Date Exerc<br>Expiration D<br>(Month/Day/\) | ate                | of Securiti                                  |  | 8. Price of<br>Derivative<br>Security<br>(Instr. 5)  | 9. Number<br>derivative<br>Securities<br>Beneficiall<br>Owned<br>Following<br>Reported<br>Transaction<br>(Instr. 4) | e<br>s<br>Illy<br>J   | 10.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I) (Instr. 4) | Beneficial<br>Ownership<br>ct (Instr. 4)            |  |
|   |   |  |  | Code         | v  | (A)  | (D)        | Date<br>Exercisable                            | Expiration<br>Date | Title  | Amount<br>or<br>Number<br>of<br>Shares |  |   |   |  |   |  |
| Non-<br>Qualified<br>Stock<br>Option<br>(right to<br>buy)                         | \$107.27  | 02/17/2009                                 |  | A            |  | 60,000   |            | (1)  | 02/17/2019         | Common<br>Stock                              | 60,000                                 | \$0  | 60,000  | 0   | D  |   |  |

## **Explanation of Responses:**

1. Non-statutory stock option granted pursuant to the 2000 Employee Stock Option Plan. Option shall vest 1/8 six months after the date of grant and 1/48th each month thereafter.

Lonnie M. Smith 02/18/2009

\*\* Signature of Reporting Person Date

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

- $^{\star}$  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.