Instruction 1(b)

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to Section 16. Form 4 or Form 5	STATEMENT OF CHA
obligations may continue. See	

ANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL 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*					2. Issuer Name and Ticker or Trading Symbol INTUITIVE SURGICAL INC [ISRG]								eck all applic Directo	tionship of Reporting Perso all applicable) Director			ner		
(Last) 1020 KII	Last) (First) (Middle) 020 KIFER ROAD					3. Date of Earliest Transaction (Month/Day/Year) 02/17/2015								helow)	ficer (give title Other (spe below) VP General Counsel & CCO				
(Street)	Street) SUNNYVALE CA 94086				4. 11	4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	e) <mark>X</mark> Form f	Form filed by One Reporting Person Form filed by More than One Reporting				
(City)	(S	tate)	(Zip)											1 01301	•				
			le I - No			_			1	Dis	_	-		ly Owned					
			2. Transaction Date (Month/Day/Year)		ar) Ex	2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.) 8)					5) Securition Benefici Owned I	5. Amount of Securities Beneficially Owned Following		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership		
									Code	v	Amount	(A) or (D)	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Common Stock			02/18/2015		5			М		500	A	\$0.0(1	1,	1,191		D			
Common Stock 02/1			3/2015	2015		F		195	D	\$512.8	36 9	996		D					
		7	Table II -								osed of, convertil			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	Date,	4. Transaction Code (Instr. 8)		n of l		6. Date Exercisa Expiration Date (Month/Day/Yea		e	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 Transactio (Instr. 4)	Ownershi Form: ly Direct (D) or Indirec (I) (Instr. 4	Ownership	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisal		Expiration Date	Title	Amount or Number of Shares						
Non- Qualified Stock Option (right to buy)	\$514	02/17/2015			A		1,838		(2)		02/17/2025	Common Stock	1,838	\$0.0	1,838	3	D		
Restricted Stock Units	\$0.0	02/18/2015			M			500	(3)	(02/18/2018	Common Stock	500	\$0.0	1,500		D		
Restricted Stock	\$0.0	02/17/2015			Α		2 275		(3)	T_{i}	02/17/2019	Common	2 275	\$0.0	2 275		D		

Explanation of Responses:

Units

- 1. On 2/18/14, RSU shares were granted, vesting 25% per year over a four year period. RSUs convect into common stock on the grant date on a one-for-one basis. On 2/18/15, 25% of the shares were released and a portion of the shares were held back to cover the statutory tax withholding requirement. The net shares were deposited into the holders account.
- 2. Non-statutory stock option granted pursuant to the 2010 Employee Stock Option Plan. The option vests 1/8th six months after the date of grant and 1/48th monthly thereafter.
- 3. Each Restricted Stock Unit, granted pursuant to the 2010 Employee Stock Option Plan, 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 of time.

Mark J Meltzer

02/19/2015

** 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.