П

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

OMB APPROVAL					
OMB Number:	3235-0287				
Estimated average burde	en				
hours por response:	0 5				

1. Nume and Address of Reporting reison		1*	2. Issuer Name and Ticker or Trading Symbol <u>INTUITIVE SURGICAL INC</u> [ISRG]		tionship of Reporting Pers all applicable) Director	n(s) to Issuer 10% Owner
(Last) 1020 KIFER RO	(First) AD	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 10/24/2017		Officer (give title X below) Board of Dire	Other (specify below) Ctor
(Street) SUNNYVALE (City)	CA (State)	94086 (Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line) X	idual or Joint/Group Filing Form filed by One Repo Form filed by More than Person	rting Person

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	Transaction Code (Instr.					5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)	Transaction(s)	(1150.4)
Common Stock	10/24/2017		М		7,500	A	\$119.0633	7,500	D	
Common Stock	10/24/2017		S ⁽¹⁾		7,500	D	\$371.1598	0	D	
Common Stock	10/24/2017		М		7,500	A	\$119.0633	7,500 ⁽²⁾	D	
Common Stock	10/24/2017		S ⁽¹⁾		7,500	D	\$371.2033	0 ⁽²⁾	D	
Common Stock								6,423	Ι	by Trust

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative 8. Price of Derivative 3. Transaction 3A. Deemed 5. Number 6. Date Exercisable and 7. Title and 9. Number of 10. 11. Nature Conversion Date Execution Date Expiration Date Amount of derivative of Indirect Trans actior Ownership (Month/Dav/Year) Derivative (Month/Dav/Year) Security or Exercise if anv Code (Instr. Securities Security Securities Form: Beneficial Securities Underlying Derivative Security Ownership (Instr. 4) (Instr. 3) Price of (Month/Day/Year) 8) (Instr. 5) Beneficially Direct (D) Derivative Acquired Owned or Indirect (A) or Disposed Security (Instr. 3 and 4) Following (I) (Instr. 4) Reported of (D) (Instr. 3, 4 and 5) Transaction(s) (Instr. 4) Amount Number Date Expiration of Code v (A) (D) Exercisable Date Title Shares Non Qualified Stock \$119.0633 10/24/2017 М 7,500 (3) 04/21/2021 Commoi 7,500 \$<mark>0.0</mark> 15,000⁽²⁾ D Option Stock (right to buy) Non-Qualified Stock Commor (3) 7,500⁽²⁾ 7,500 \$119.0633 10/24/2017 M 7 500 04/21/2021 \$0 O D Option Stock (right to buv)

Explanation of Responses:

1. The shares were sold subject to a 10b5-1 trading plan established on 08-24-17.

2. On October 6, 2017, the common stock and equity grants of Intuitive Surgical split 3-for-1, resulting in the reporting person's ownership of the company's stock and equity grants to increase (for every one share owned or granted, 2 additional shares were issued) and the exercise price of stock option grants to decrease to 1/3rd of the original grant price.

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

<u>By: Lori Serrano For: Craig H</u> <u>Barratt</u>

** Signature of Reporting Person Date

10/25/2017

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.