Instruction 1(b).

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to | STATEMENT OF CHANGES IN BENEFICIAL | OWNERSHIP |
|--|------------------------------------|------------------|
| Section 16. Form 4 or Form 5 | | |
| obligations may continue. See | | |

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

C Deletionship of Deporting December (a) to Jacus

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

| | Name and Address of Reporting Person GUTHART GARY S | | | | | INTUITIVE SURGICAL INC [ISRG] | | | | | | | | | (Check all applicable) | | | | | | |
|---|---|--|---|--------|--|---|---------|--------------------------------|---|-------|--|--|---|----------|--|---|---|---|--|--|--|
| | | | | | | 2. Data of Farliant Transaction (Month/Day/Voor) | | | | | | | | X X | | (give title | | | | | |
| (Last) (First) (Middle) 1020 KIFER ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 04/21/2017 | | | | | | | | | President & CEO | | | | | | |
| (Street) SUNNYVALE CA 94086 | | | | 4. | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Line) X Form filed by One Reporting Per | | | | | | | | |
| (City) | (S | tate) | (Zip) | | - | | | | | | | | | | Form filed by More than One Reporting Person | | | | I | | |
| | | Tak | le I - N | on-Der | ivativ | e Sec | curit | ties Ac | quire | d, D | isposed o | f, or Be | neficia | lly (| Owned | | | | | | |
| Date | | | 2. Transa Date (Month/D | | Execution D | | n Date, | 3. Transac Code (I 8) | ction Disposed Of (D) | | s Acquired (A) or f (D) (Instr. 3, 4 and 5) | | 5) | | es ally Following | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | r Indirect 0 r Indirect 1 str. 4) 0 | 7. Nature of Indirect Beneficial Ownership | | | |
| | | | | | | | | | Code | v | Amount | (A) or (D) | Price | | Reporte Transac (Instr. 3 | tion(s) | | | Instr. 4) | | |
| Common Stock | | | | 04/21/ | /2017 | | | | М | | 25,000 | A | \$303. | 27 | 95 | 95,573 | | D | | | |
| Common | Stock | | | 04/21/ | /2017 | | | | S ⁽¹⁾ | | 18,775 | D | \$810.3 | 325 | 5 76,798 | | | D | | | |
| | | - | Table II | | | | | | | | posed of, , convertil | | | | wned | | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | | 4. Transa Code (8) | | | | 6. Date Exercisabl Expiration Date (Month/Day/Year) | | ate | e and 7. Title and of Securiti Underlyin Derivative (Instr. 3 ar | | De Se | B. Price of Derivative Security Instr. 5) | 9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4) | Ownersh Form: Direct (D or Indirect (I) (Instr. | Ownership | Beneficial Ownership ct (Instr. 4) | | |
| | | | | | Code | ode V | | (D) | Date Exercis | sable | Expiration Date | Title | Amount or Number of Shares | | | | | | | | |
| Non- Qualified Stock Option (right to | \$303.27 | 04/21/2017 | | | М | | | 25,000 | (2) | | 02/15/2018 | Common Stock | 25,000 | 0 | \$0.0 | 25,000 |) | D | | | |

Explanation of Responses:

buy)

- $1.\ These\ shares\ were\ sold\ pursuant\ to\ a\ Rule\ 10b5-1\ Trading\ Plan,\ entered\ into\ on\ January\ 27,\ 2017.$
- 2. 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.

Gary S Guthart

04/21/2017

** 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.