SEC Form 4	
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FORM 4

obligations may continue. See Instruction 1(b).

Check this box if no longer subject to Section 16. Form 4 or Form 5

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							
hours per response:	0.5						

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

1. Name and Address of Reporting Person [*] Rosa David J.				2. Issuer Name and Ticker or Trading Symbol <u>INTUITIVE SURGICAL INC</u> [ISRG]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner					
(Last) (First) (Middle) 1020 KIFER ROAD				02/29	3. Date of Earliest Transaction (Month/Day/Year) 02/29/2024								X Officer (give title Other (spec below) President					
(Street) SUNNY	VALE C	A	94086		4. If Amendment, Date of Original Filed (Month/Day/Year)							Line	e) X Form t Form t	ridual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(S	tate)	(Zip)		Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									d to				
Table I - Non-Deriv 1. Title of Security (Instr. 3) 2. Transa Date (Month/D				ction 2A. Deemed Execution Date,		3. 4. Securities Acquired (A) Transaction Code (Instr. 8) Disposed Of (D) (Instr. 3, 4)				A) or) or 4 and 5) Beneficially Owned Foll		Form	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
Common Stock			02/29/	/2024			Code M ⁽¹⁾	v	Amount 2,253	(D	or	Price \$0.0	Transac (Instr. 3	Reported Transaction(s) (Instr. 3 and 4) 218,193		D	(Instr. 4)	
Common				02/29/	-			F ⁽¹⁾		1,142							D	
				02/29/	9/2024			M ⁽¹⁾		1,504 763	_	A D	\$0.0	218,555 9 217,792			D D	
Common	Stock	1	able II -	- Deriva	tive Se			uired,			, or B	enefi	cially	owned	1,192	<u> </u>		
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/D	n Date,	4. Transacti Code (Ins 8)	on of itr. De Se (A Di of (Ir	Number erivative ecurities cquired) or sposed (D) 1str. 3, 4 nd 5)	6. Date E Expiratio (Month/I	on Date			nt of ties lying tive Se 3 and 4		8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	ily	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownershi (Instr. 4)

Restricted Stock \$0.0 02/29/2024 Units

\$<mark>0.0</mark>

Explanation of Responses:

Restricted

Stock Units

1. RSUs vest 25% per year over a four year period, commencing on the first anniversary of the grant date. RSUs convert into common stock on the vest date on a one-for-one basis. 25 % of the shares have been released and a portion of the shares were held back to cover the statutory tax withholding requirements. The net shares were deposited into the holders account.

Date Exercisable

(2)

(2)

Expiration Date

02/28/2024

02/28/2026

Title

Commo

Stock

Commo

Stock

2. Each RSU granted 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.

By: Donna Spinola For: Rosa,	~~
David I	02

or Number

Shares

2,253

1,504

\$<mark>0.0</mark>

\$<mark>0.0</mark>

of

02/29/2024

0

3,007

D

D

** 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).

02/29/2024

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code V

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(A) (D)

2,253

1,504

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.