FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Washington, D.C. 20349

STATEMENT	OF CHANG	ES IN BENEFI	CIAL OWNERSHI

l	OIVID APPRO	JVAL
	OMB Number:	3235-0287
l	Estimated average burd	len
l	hours per response:	0.5

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

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* <u>SMITH LONNIE M</u>					2. Issuer Name <b>and</b> Ticker or Trading Symbol  INTUITIVE SURGICAL INC [ ISRG ]												hip of Reporting Person(s) to Issue pplicable) ector 10% Own				
(Last) (First) (Middle) 950 KIFER ROAD						3. Date of Earliest Transaction (Month/Day/Year) 07/29/2009									X	Office	cer (give title w) CE(		Other (specify below)		
(Street) SUNNY (City)			94086 (Zip)		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									. Indivi ine) X	vidual or Joint/Group Filing (Check Applicable  Form filed by One Reporting Person  Form filed by More than One Reporting  Person					
		Tab	le I - Nor	n-Deriv	ative	Se	curitie	s Acq	uired,	Disp	osed o	f, or	Bene	fici	ally (	Owne	ed				
				2. Transaction Date (Month/Day/Year)		ar)	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (	Transaction Dispo		curities Acquired (A) osed Of (D) (Instr. 3,			4 and Secu Bend Own		mount of urities eficially ed Following		Ownership m: Direct or Indirect Instr. 4)	7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	()	A) or D)	Price	.	Transa	Reported Transaction(s) Instr. 3 and 4)			(Instr. 4)	
Common Stock					29/2009				G		500		D	\$0		413,431			D		
Common	Stock			11/23	3/2009	9			G		1,500	)	D	\$	0	411,931 D					
		Ta	able II - I								sed of, onvertib					/ned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemdexecution if any (Month/Da	Date,		ransaction code (Instr.		of I		. Date Exercisable a expiration Date Month/Day/Year)		Amou Secur Under Deriva	. Title and imount of ecurities Inderlying erivative ecurity (Instr. nd 4)		8. Pri Deriv Secu (Insti	ative rity	9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	,	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
	Code V		v	(A)		Date Exercisab		Expiration Date	Title	Amo or Num of Shar	ber										

**Explanation of Responses:** 

/s/ Lonnie M. Smith

12/16/2009

\*\* 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.