FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL									
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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*  MOHR MARSHALL						Issuer Name and Ticker or Trading Symbol     INTUITIVE SURGICAL INC [ ISRG ]      Jate of Earliest Transaction (Month/Day/Year)										cable) or (give title	g Pers	10% Ov	wner	
(Last) 1020 KII	(F FER ROAI	,	(Middle)				)24	cot man	saction (i	vioriui	Day/Tear)		below)		Global	below) Business	S			
(Street) SUNNY	VALE C	'A	94086		4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									S. Individual or Joint/Group Filing (Check Applicable ine)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
(City)	(\$	State)	Rı	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.													
		Tab	le I - No	n-Deriv	ative	Sec	urit	ies Ac	quired	, Dis	sposed o	of, or B	ene	ficiall	y Owned	i				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					r) Ex	2A. Deemed Execution Date, f any (Month/Day/Year)		3. Transaction Code (Instr. 8)		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4			Benefici Owned I	es ally Following	Form:	: Direct Indirect str. 4)	7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) or (D)		Price	Transac	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)	
Common Stock 02/26					/2024	2024			M <sup>(1)</sup> 1,710		A		\$0.0	27	',744		D			
Common Stock 02/26/2					/2024	2024		<b>F</b> <sup>(1)</sup>		867 D \$		\$389.7	7 26,877		D					
Common Stock									100	100,353 I by Tru			by Trust							
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
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. Transa Code (I 8)		n of		6. Date E Expiratio (Month/D	n Dat		r) Amount of Securities Underlying Derivative Sec (Instr. 3 and 4)		curity I)	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4)	ly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nu of	umber						
Restricted Stock Units	\$0.0	02/26/2024			M			1,710	(2)	Ţ	02/26/2025	Commo Stock	n 1	,710	\$0.0	1,710		D		

## **Explanation of Responses:**

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.

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: Mohr, Marshall L

02/27/2024

\*\* 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.