FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL								
OMB Number:	3235-0104							
Estimated average burden								
hours per response	0.5							

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

STALK GEORGE JR (Mor			Date of Event Requiring Staten Month/Day/Year 0/19/2007	nent -	3. Issuer Name and Ticker or Trading Symbol INTUITIVE SURGICAL INC [ISRG]						
(Last) 950 KIFER R	(First)	(Middle)				ationship of Reporting Perso (all applicable) Director	son(s) to Issuer		5. If Amendment, Date of Original Filed (Month/Day/Year)		
(Street)		Officer (give title Other (sp below) below)		Other (spe below)		6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person					
SUNNYVALE (City)	(State)	94086 (Zip)							Form filed I Reporting F	oy More than One Person	
Table I - Non-Derivative Securities Beneficially Owned											
1. Title of Security (Instr. 4)					unt of Securities ially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)			
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)											
1. Title of Derivative Security (Instr. 4) 2. Date Exercisa Expiration Date (Month/Day/Yea			ate			e and Amount of Securities lying Derivative Security (Instr. 4)		5. Ownership ise Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
			Date Exercisable	Expiration Date	ı Title	e	Amount or Number of Shares	Price of Derivativ Security			

Explanation of Responses:

No securities are beneficially owned.

/s/ George Stalk Jr.

10/23/2007

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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.

 $^{^{\}star}$ If the form is filed by more than one reporting person, see Instruction 5 (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).