FORM 4

Check this box if no longer subject to

Section 16. Form 4 or Form 5

obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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

Instruction	1 1 (D).		or Section 30(h) of the Investment Company Act of 1940								
1. Name and Address of Reporting Person [*] HALVORSON ERIC H			2. Issuer Name and Ticker or Trading Symbol <u>INTUITIVE SURGICAL INC</u> [ISRG] 3. Date of Earliest Transaction (Month/Day/Year)		ationship of Reporting Pe (all applicable) Director Officer (give title	10% Owner Other (specify					
(Last)	(First)	(Middle)	06/30/2003		below)	below)					
(Street) (City) (State) (Zip)		(Zip)	4. If Amendment, Date of Original Filed (Month/Day/Year)	6. Indiv Line) X	Form filed by One Re	int/Group Filing (Check Applicable ed by One Reporting Person ed by More than One Reporting					
		Table I - Non	-Derivative Securities Acquired, Disposed of, or Ben	eficially	Owned						

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	Date Execution Date,		iction Instr.				5. Amount of Securities Beneficially Owned Following Reported	Form: Direct	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
			Code	v	Amount	(A) or (D)	Price	Transaction(s) (Instr. 3 and 4)		(1150. 4)	
Common Stock	06/30/2003		J ⁽¹⁾		2,293	Α	0 ⁽²⁾	2,293	D		

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

(3-, p.a,a, -p.a,a,															
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 Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				Code	v	(A)	(D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares				
Stock Option (right to buy)	15.72	06/30/2003		Α		10,000		06/30/2006 ⁽³⁾	06/30/2013	Common Stock	10,000	\$ 0	10,000	D	
Stock Option (right to buy)	3.12	06/30/2003		J ⁽¹⁾		5,142		06/30/2003	07/08/2012	Common Stock	5,142	\$ 0 ⁽⁴⁾	5,142	D	
Stock Option (right to buy)	3.08	06/30/2003		J ⁽¹⁾		1,285		06/30/2003	08/29/2012	Common Stock	1,285	\$ 0 ⁽⁴⁾	1,285	D	

Explanation of Responses:

1. Acquired in exchange for securities of Computer Motion, Inc. in connection with the acquisition of Computer Motion, Inc. by Intuitive Surgical, Inc. (the "Merger").

2. Received in exchange for 8,918 shares of common stock of Computer Motion, Inc. in connection with the Merger. Calculated by multiplying 8,918 by the merger exchange ratio of .51426943 and giving effect to the 1-for-2 reverse stock split of Intuitive Surgical common stock effected June 30, 2003.

3. Vests in equal monthly installments over 36 months.

4. Received in the Merger in exchange for a stock option to acquire common stock of Computer Motion, Inc. The share number and exercise price reflect the share number and exercise price of the related Computer Motion, Inc. stock option after the application of the merger exchange ratio of .51426943 and giving effect to the 1-for-2 reverse stock split of Intuitive Surgical common stock effected June 30, 2003.

Eric H. Halvorson	
** Signature of Reporting Person	

07/01/2003 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.

OMB APPROVAL

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