FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF **SECURITIES**

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

OMB APPROVAL							
OMB Number:	3235-0104						
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1. Name and Address of Reporting Person* HALVORSON ERIC H			2. Date of Event Requiring Staten Month/Day/Yea	nent	3. Issuer Name and Ticker or Trading Symbol INTUITIVE SURGICAL INC [ISRG]							
(Last)	(First)	(Middle)	06/30/2003		(Check all applicable)	''' '		5. If Amendment, Date of Original Filed (Month/Day/Year)				
(Street)					Officer (give title			6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person				
(City)	(State)	(Zip)							Form filed by More than One Reporting Person			
Table I - Non-Derivative Securities Beneficially Owned												
1. Title of Security (Instr. 4)				I	. Amount of Securities Beneficially 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 Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Secur Underlying Derivative Securi	y (Instr. 4) Conve		ersion ercise	5. Ownership Form:	6. Nature of Indirect Beneficial Ownership (Instr. 5)		
		Date Exercisable	Expiration Date	n Title	Amount or Number of Shares	Price of Derivati Security	ive	Direct (D) or Indirect (I) (Instr. 5)				

Explanation of Responses:

Eric H. Halvorson

07/01/2003

** 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).