FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP

OMB APP	ROVAL
OMB Number:	3235-0287
Estimated average b	urden
hours per response:	0.5

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* SMITH LONNIE M					2. Issuer Name and Ticker or Trading Symbol INTUITIVE SURGICAL INC [ISRG]								Relationship of Reporting Person(s) to Issuer (Check all applicable) X Director 10% Owner						
(Last) 1020 KII	st) (First) (Middle)				3. Date of Earliest Transaction (Month/Day/Year) 04/20/2017									Office below	r (give title)		Other (sbelow)	specify	
(Street)	VALE C.	A :	94086		4. II	If Amendment, Date of Original Filed (Month/Day/Year)								6. Indiv Line) X	· ·				
(City)	(S	tate)	(Zip)												Perso	n ´		· 	-
		Tab	le I - No	on-Deri	vative	Sec	uriti	es Ac	quirec	l, Di	sposed (of, or Be	enefic	ially	Owne	d			
- This or county (mounty)		Date	ite onth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Transaction Dis Code (Instr.			4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 a				ies cially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership		
								Code	v	Amount	(A) or (D)	Price		Transaction(s) (Instr. 3 and 4)				(Instr. 4)	
Common Stock			04/20/	/2017	2017					443	A	\$0.	\$0.0(1)		232,638		D		
Common Stock		04/21/	/21/2017				S ⁽²⁾		3,000	D	\$810	\$810.124		229,638		D			
Common Stock							<u></u>					84	1,685		I	by Trust			
		Т	able II								oosed of converti				wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	onversion r Exercise (Month/Day/Year) Exercise rice of erivative		med on Date, Day/Year)		Transaction Code (Instr.		n of E		6. Date Exercisa Expiration Date (Month/Day/Yea		Amount of		De Se (In	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transaction (Instr. 4)	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	Amour or Number of Shares	er					
Non- Qualified Stock Option (right to buy)	\$814.45	04/20/2017			A		607		(3)		04/20/2027	Common Stock	607		\$0.0	607		D	
Restricted Stock Units	\$0.0	04/20/2017			A		202		(4)		02/21/2018	Common Stock	202		\$0.0	202		D	
Restricted Stock	\$0.0	04/20/2017			M			443	(4)		04/21/2020	Common	 443		\$0.0	0		D	

Explanation of Responses:

- $1. \ These \ shares \ were \ acquired \ from \ the \ vest \ and \ release \ of \ an \ RSU \ grant \ previously \ issued \ to \ the \ Filer.$
- 2. These shares were sold pursuant to a 10b5-1 Trading Plan, entered into on 11-3-16.
- 3. Non-statutory stock option granted pursuant to the Non-Employee Directors' Stock Option Plan. Option shall vest 100% one year after the date of grant or at the next Shareholders Meeting, whichever should take place first, provided that vesting will cease on termination of the Directors service to the Company.
- 4. 100% of the grant will vest on the anniversary date of the grant or the next Annual Shareholders Meeting, whichever takes place first, provided however that vesting will cease on termination of the Director's service to the company

By: Lori Serrano For: Lonnie 04/21/2017 M Smith

** Signature of Reporting Person

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.