FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average burden | | | | | | | | | |
| 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 an | | | 2. Issuer Name and Ticker or Trading Symbol INTUITIVE SURGICAL INC [ISRG] | | | | | | | | | | | all app Dired | | g Perso | 10% C |)wner | | | |
|--|---|--|---|---------|--|---|-------------------|---|---------------------------|--|-------------|--------------------|---|------------------|-------|-----------------------|---|--|---|--|--|
| (Last) (First) (Middle) 1020 KIFER ROAD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 02/03/2020 | | | | | | | | | | X | belov | Officer (give title below) Officer (Sive title b | | | |
| (Street) SUNNYVALE CA 94086 (City) (State) (Zip) | | | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | | | | . Indiv ine) X | vidual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | |
| | | Tab | le I - Nor | า-Deriv | ative | Se | curiti | es Ac | quire | d, D | isp | osed o | f, o | Ber | efici | ally | Owne | ed | | | |
| 1. Title of Security (Instr. 3) 2. Transac Date (Month/Da | | | | | | ar) i | Executi if any | A. Deemed xecution Date, any Month/Day/Year) | | 3. 4. Securit Transaction Disposed Code (Instr. 8) | | | ities Acquired (A) d Of (D) (Instr. 3, 4 | | | 4 and See Be Ow | | | | nership Direct Indirect etr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | | | | | | | | le V | | Amount | | (A) or (D) | Price | | Transaction(s) (Instr. 3 and 4) | | | | (Instr. 4) |
| Common | Stock | 3/2020 | /2020 | | | S ⁽¹ | .) | | 400 | D | | \$56 | 2.3 | 3 2,822 | | | D | | | | |
| | | Ta | able II - I | | | | | | | | | sed of, nvertib | | | | y Ov | vned | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversio or Exercis Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deeme Execution if any (Month/Day | Date, T | 4. Transa Code (8) | | | | 6. Dat Expira (Mont | tion E | Date Yea | | | | | | | 9. Number o derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | vnership rm: rect (D) Indirect | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |

Explanation of Responses:

 $1.\ These shares were sold in accordance with a Trading Plan that complies with SEC Rule 10b5-1 \ and expires on March 16, 2020$

By: Lori Serrano For: Kara Andersen Reiter

02/04/2020

** 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.