SEC Form 4

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FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

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 [*] Curet Myriam						2. Issuer Name and Ticker or Trading Symbol <u>INTUITIVE SURGICAL INC</u> [ISRG]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner Officer (give title Other (specify					wner
(Last) (First) (Middle) 1020 KIFER ROAD						3. Date of Earliest Transaction (Month/Day/Year) 02/29/2024								X	below)		Other (s below) Medical Officer		
(Street) SUNNY	VALE C	A	94086		_ 4. li	 If Amendment, Date of Original Filed (Month/Day/Year) 							Line)	 Individual or Joint/Group Filing (Check Applicable ine) X Form filed by One Reporting Person Form filed by More than One Reporting Person 					
(City)	(S		(Zip)			Rule 10b5-1(c) Transaction Indication Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.													
1. Title of Security (Instr. 3) 2. Tra Date				2. Trans Date	action 24 Ex Day/Year) if		2A. Deemed Execution Date, if any (Month/Day/Year)		3. Transaction Code (Instr.		4. Securi	of, or Beneficia rities Acquired (A) or ed Of (D) (Instr. 3, 4 and			5. Amount of		Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	, v	Amount	(A) o (D)	^r Prio	ce	Transac (Instr. 3	tion(s)			(Instr. 4)
Common Stock				02/29	9/2024				M ⁽¹⁾		1,003	A	4	60.0	1,301		D		
Common Stock				02/29	9/2024				F ⁽¹⁾		509	D	\$3	86.59	7	792		D	
					/2024				M ⁽¹⁾	_	2,253			50.0		,045		D	
					9/2024				F ⁽¹⁾		1,142 D			86.59	,	,903		D	
		T	able II -								oosed of converti				Owned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/D	n Date,	4. Transa Code (8)		n of Der Sec (A) Dis of (posed D) str. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title a Amount Securitie Underlyi Derivativ (Instr. 3	of es ng ve Secu	5 (I	5. Price of Derivative Security Instr. 5)			10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	Amo or Num of Shar	ber					
Restricted Stock Units	\$0.0	02/29/2024			М			2,253	53 (2)		02/28/2024	Commor Stock	¹ 2,2	53	\$0.0	0		D	

Explanation of Responses:

Restricted

Stock

Units

\$<mark>0.0</mark>

1. RSUs vest 25% per year over a four year period, commencing on the first anniversary of the grant date. RSUs convert into common stock on the vest date on a one-for-one basis. 25 % of the shares have been released and a portion of the shares were held back to cover the statutory tax withholding requirements. The net shares were deposited into the holders account.

(2)

1,003

2. Each RSU granted represents a contingent right to receive one share of Intuitive Surgical common stock. The grant vests 25% on the first anniversary of the date of grant and annually thereafter, over a four year period

By: Donna Spinola For: Curet,	
<u>by. Domia Sphiota For. Curci,</u>	02/29/2024
<u>Myriam</u>	02/27/2024
<u>Ivi yi idili</u>	

1,003

\$<mark>0.0</mark>

Comm

Stock

02/28/2026

2,004

D

** 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).

02/29/2024

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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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.