

OMB APPROVAL	
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**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

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

1. Name and Address of Reporting Person* <u>DeSantis Robert</u>  (Last) (First) (Middle) 1020 KIFER ROAD  (Street) SUNNYVALE CA 94086  (City) (State) (Zip)	2. Issuer Name and Ticker or Trading Symbol <u>INTUITIVE SURGICAL INC [ ISRG ]</u>	5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner <input checked="" type="checkbox"/> Officer (give title below) Other (specify below) <u>EVP &amp; Chief Strategy &amp; Corp Op</u>
	3. Date of Earliest Transaction (Month/Day/Year) 11/29/2024	
4. If Amendment, Date of Original Filed (Month/Day/Year)		

**Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned**

1. Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transaction Code (Instr. 8)		4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5)			5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code	V	Amount	(A) or (D)	Price			
Common Stock	11/29/2024		M <sup>(1)</sup>		188	A	\$290.33	5,694	D	
Common Stock	11/29/2024		S <sup>(1)</sup>		188	D	\$539	5,506	D	
Common Stock	11/29/2024		M <sup>(1)</sup>		188	A	\$208.9	5,694	D	
Common Stock	11/29/2024		S <sup>(1)</sup>		188	D	\$539	5,506	D	

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

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. Transaction Code (Instr. 8)		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		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
Non-Qualified Stock Option (right to buy)	\$208.9	11/29/2024		M <sup>(1)</sup>			188	(2)	08/28/2029	Common Stock	188	\$0.0	2,820	D	
Non-Qualified Stock Option (right to buy)	\$290.33	11/29/2024		M <sup>(1)</sup>			188	(3)	02/28/2029	Common Stock	188	\$0.0	2,820	D	

**Explanation of Responses:**

- These shares were sold in accordance with a Trading Plan that complies with SEC Rule 10b5-1 and expires on December 9, 2024.
- Non-statutory stock option granted pursuant to the 2010 Incentive Award Plan. Option shall vest 7/48 one month after the date of grant and 1/48 each month thereafter.
- Non-statutory stock option granted pursuant to the 2010 Incentive Award Plan. The option vests 1/8th six months after the date of grant and 1/48th monthly thereafter.

By: Stephanie Lim-Ignacio 12/02/2024  
 For: DeSantis, Robert

\*\* 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.