Edgar Filing: INTUITIVE SURGICAL INC - Form 4

INTUITIVE Form 4 May 18, 201	E SURGICAL ING	C								
FORM	ЛЛ							OMB AF	PROVAL	
	UNITED		SECURITIES AND EXCHANGE CO Washington, D.C. 20549				OMMISSION	OMB Number:	3235-0287	
Check this box if no longer subject to Section 16. Form 4 or				N BENE RITIES		AL OWN	ERSHIP OF		imated average den hours per	
Form 5 obligations may continue. See Instruction 1(b). Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940										
(Print or Type	Responses)									
1. Name and Address of Reporting Person * Myriam Curet2. Issuer Name and Ti Symbol					Issuer			Reporting Pers	on(s) to	
			INTUITIVE SURGICAL INC [ISRG]				(Check all applicable)			
			05/17/2016				Director 10% Owner X Officer (give titleX Other (specify below) below) SVP & Chief Medical Officer / SVP & Chief Medical Officer			
							6. Individual or Joint/Group Filing(Check			
SUNNYVA	ALE, CA 94086	Filed()	Month/Day/Ye	ar)			Applicable Line) _X_ Form filed by Or Form filed by Mo Person			
(City)	(State)	(Zip) T	able I - Non-	-Derivativ	ve Secu	ırities Acqu	iired, Disposed of,	or Beneficiall	y Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)		Code		osed of		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
Common Stock	05/17/2016		Code V S	Amount 530	or (D) D	Price \$ 629.3583	(Instr. 3 and 4) 3 133	D		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 control number.

 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)	4. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deri Secu Bene Own Follo Repo Tran (Inst
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Addr	ess	Relationships						
1	Director	10% Owner	Officer	Other				
Myriam Curet 1020 KIFER ROAD SUNNYVALE, CA 94086			SVP & Chief Medical Officer	SVP & Chief Medical Officer				
Signatures								
Myriam Curet	05/17/2016							

<u>**</u>Signature of Reporting Person Date

Explanation of Responses:

* 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. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.