#### INTUITIVE SURGICAL INC

Form 4 March 16, 2017

# FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number:

3235-0287 January 31, Expires:

**OMB APPROVAL** 

2005 Estimated average

burden hours per 0.5 response...

Check this box if no longer subject to Section 16. Form 4 or

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF **SECURITIES** 

Form 5 Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, obligations Section 17(a) of the Public Utility Holding Company Act of 1935 or Section may continue. 30(h) of the Investment Company Act of 1940 See Instruction

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person * MOHR MARSHALL			2. Issuer Name and Ticker or Trading Symbol INTUITIVE SURGICAL INC [ISRG]	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)		
(Last) 1020 KIFER F	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 03/15/2017	Director 10% Owner _X Officer (give title Other (specify below)  SVP & CFO		
	(Street)		4. If Amendment, Date Original Filed(Month/Day/Year)	6. Individual or Joint/Group Filing(Check Applicable Line)		
SUNNYVALE, CA 94086				_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person		

(City)	(State)	(Zip) Tabl	le I - Non-I	Derivative	Secui	rities Acqu	ired, Disposed of	, or Beneficial	ly Owned
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if any (Month/Day/Year)	3. Transactio Code (Instr. 8)	4. Securi on(A) or Di (Instr. 3,	ispose	d of (D)	5. Amount of Securities Beneficially Owned Following Reported	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
			Code V	Amount	or (D)	Price	Transaction(s) (Instr. 3 and 4)		
Common Stock	03/15/2017		M	2,250	A	\$ 334.3	4,422	D	
Common Stock	03/15/2017		S(1)	2,250	D	\$ 750	2,172	D	
Common Stock	03/15/2017		M	2,000	A	\$ 303.27	4,172	D	
Common Stock	03/15/2017		S <u>(1)</u>	2,000	D	\$ 750	2,172	D	
Common Stock							242	I	by Son

#### Edgar Filing: INTUITIVE SURGICAL INC - Form 4

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

Persons who respond to the collection of SEC 1474 information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

(9-02)

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. Transactic 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 Underlying Securitie (Instr. 3 and 4)	
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amour or Number of Shares
Non-Qualified Stock Option (right to buy)	\$ 303.27	03/15/2017		M	2,000	(2)	02/15/2018	Common Stock	2,00
Non-Qualified Stock Option (right to buy)	\$ 334.3	03/15/2017		M	2,250	(2)	02/16/2020	Common Stock	2,25

# **Reporting Owners**

Director 10% Owner Officer Other

MOHR MARSHALL 1020 KIFER ROAD SUNNYVALE, CA 94086

**SVP & CFO** 

## **Signatures**

Marshall L 03/16/2017 Mohr

\*\*Signature of Date Reporting Person

## **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).
- These shares were sold pursuant to a Rule 10b5-1 Trading Plan, entered into on November 7, 2016.

**(2)** 

Reporting Owners 2

### Edgar Filing: INTUITIVE SURGICAL INC - Form 4

Non-statutory stock option granted pursuant to the 2000 Employee Stock Option Plan. Option shall vest 1/8 six months after the date of grant and 1/48th each month thereafter.

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.