Edgar Filing: INTUITIVE SURGICAL INC - Form 4

INTUITIVE S Form 4	SURGICAL INC											
December 03	, 2008											
FORM	4			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			~		~ ~		PPROVAL	
	UNITED S	TATES SI				D EX().C. 20		NGE (COMMISSION	OMB Number:	3235-0287	
Check this box if no longer CTATEMENTE OF CHANCES IN DENEELCIAL OWNERSHIP OF						Expires:	January 31, 2005					
subject to Section 16		STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES							Estimated average			
Form 4 or		SECUKITIES							burden hou response	•		
Form 5	- ·							-	ge Act of 1934,	·		
obligation may contin				•		•	- ·		of 1935 or Sectio	n		
See Instruction 1(b).	ction	30(h) of	the Inv	restmen	nt C	ompan	y Act	: of 19	40			
(Print or Type R	esponses)											
SMITH LONNIE M Symbol			mbol						5. Relationship of Reporting Person(s) to Issuer			
			INTUITIVE SURGICAL INC [ISRG]					(Check all applicable)				
(Last)	(First) (M	iddle) 3.	Date of I	Earliest	Tran	nsaction			X_ Director		b Owner	
950 KIFER ROAD (Month/Da 10/31/20				-					_X_Officer (give titleOther (specify below) below) CEO			
	(Street)	4.	If Amen	dment, I	Date	Original			6. Individual or Jo	oint/Group Fili	ng(Check	
Filed(Month				h/Day/Year)					Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting			
SUNNYVAI	LE, CA 94086								Person	Aore than One R	eporting	
(City)	(State) (2	Zip)	Table	I - Non-	-Der	rivative	Securi	ties Ac	quired, Disposed of	f, or Beneficia	lly Owned	
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution I any (Month/Day	Date, if	Code (Instr. 8	etion 3)		l (A) c l of (D 4 and (A) or))	Beneficially	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Indirect Beneficial	
Common				Code	V	Amount	(D)	Price				
Stock	10/31/2008			G		125	D	\$0	402,175	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. Transactio Code (Instr. 8)	5. orNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	;	ate	7. Titl Amou Under Secur (Instr.	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owno Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

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Reporting Owners

Reporting Owner Name / Addre	SS	Relationships						
	Director	10% Owner	Officer	Other				
SMITH LONNIE M 950 KIFER ROAD SUNNYVALE, CA 94086	Х		CEO					
Signatures								
Lonnie M.	12/02/2000							

Smith	12/03/2008				
<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.