#### INTUITIVE SURGICAL INC

Form 4/A April 25, 2016

## FORM 4

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

**OMB** Number:

response...

3235-0287 January 31,

0.5

Check this box if no longer

subject to Section 16. Form 4 or

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

Expires: 2005 Estimated average burden hours per

**OMB APPROVAL** 

Form 5

obligations may continue. See Instruction

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

1(b).

Stock

(Print or Type Responses)

1. Name and Address of Reporting Person * SMITH LONNIE M				2. Issuer Name and Ticker or Trading Symbol INTUITIVE SURGICAL INC [ISRG]				g	5. Relationship of Reporting Person(s) to Issuer  (Check all applicable)			
	(Last) 1020 KIFER		iddle) 3		-	nsaction			_X_ Director Officer (give below)		Owner or (specify	
(Street) SUNNYVALE, CA 94086				4. If Amendment, Date Original Filed(Month/Day/Year) 04/21/2016					6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person			
	(City)	(State) (Z	Zip)	Table	I - Non-De	erivative S	ecuri	ties Ac	quired, Disposed o	of, or Beneficial	lly Owned	
	1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	2A. Deem Execution any (Month/Da	Date, if	3. Transactio Code (Instr. 8)	4. Securit onAcquired Disposed (Instr. 3,	(A) o	)	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)	
	Stock	04/21/2016(1)			M	650	A	\$0	266,644	D		

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 (9-02)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)

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

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)	Derivative		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Underlying Securities (Instr. 3 and 4)	
				Code V	(A)	(D)	Date Exercisable	Expiration Date	Title	Amour or Numbe of Shares
Non-Qualified Stock Option (right to buy)	\$ 641.91	04/21/2016		A	443		(2)	04/21/2026	Common Stock	443
Restricted Stock Units	\$ 0	04/21/2016		M		650	(3)	04/23/2019	Common Stock	650
Restricted Stock Units	\$ 0	04/21/2016		A	443		(3)	04/21/2020	Common Stock	443

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
reporting o where remove requirements	Director	10% Owner	Officer	Other			
SMITH LONNIE M 1020 KIFER ROAD SUNNYVALE, CA 94086	X						

## **Signatures**

By: Lori Serrano For: Lonnie M Smith

04/25/2016

Date

\*\*Signature of 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).
- (1) As approved by the Issuers Board of Directors on January 28, 2016, these RSUs vested on April 21, 2016, the date of the Issuer?s annual stockholders meeting, which fell two days earlier than the first anniversary of the date of grant.
- (2) Options will vest 100% on the earlier of the first anniversary of the date of grant or the date of the next annual stockholders meeting.
- (3) The RSUs fully vest on the earlier of the first anniversary of the date of grant or the date of the next annual stockholders meeting.

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.

Reporting Owners 2