SEC 1	Form 4
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## FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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Section obligat	this box if no n 16. Form 4 c ions may cont tion 1(b).		STAT		ed purs	T OF CHANGES IN BENEFICIAL OWNERSHIP											OMB Number:         3235-0287           Estimated average burden            hours per response:         0.5		
1. Name and Address of Reporting Person <sup>*</sup> Rosa David J.						2. Issuer Name <b>and</b> Ticker or Trading Symbol <u>INTUITIVE SURGICAL INC</u> [ ISRG ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner				
(Last) 1020 KI	(F FER ROAI	,	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 08/15/2018									er (give title v) <mark>&amp; Chief C</mark>	give title Other (sp below) Chief Commercial Offic		. ,	
(Street) SUNNYVALE CA 94086 (City) (State) (Zip)					- 4.1	4. If Amendment, Date of Original Filed (Month/Day/Year)								<ul> <li>6. Individual or Joint/Group Filing (Check Applicable Line)</li> <li>X Form filed by One Reporting Person</li> <li>Form filed by More than One Reporting Person</li> </ul>					
		Tab	le I - Nor	n-Deriv	vative	e Se	curitie	s Ao	cquired, I	Dis	posed o	of, or B	enefici	ally Owne	ed				
1. Title of Security (Instr. 3) 2. Transau Date (Month/Date)						Executi			Code (Ir		istr. 5)		str. 3, 4 a	nd Securi Benefi Owned Report	5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	t (A) or Pi (D) Pi			(Instr. 3 and 4)				
		T							uired, Di s, options					ly Owned					
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		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amount of Securities Underlying Derivative Secur (Instr. 3 and 4)		8. Price o Derivative Security (Instr. 5)		e s Illy	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)	
			Code	v	(A)	(D)	Date Exercisable		xpiration ate	Title	Amour or Numbe of Shares	1							
Non- Qualified Stock Option (right to buy)	\$522.77	08/15/2018			A		6,250		(1)	0	8/15/2028	Common Stock	6,250	\$0.0	6,250	)	D		

Explanation of Responses:

1. Non-statutory stock option granted pursuant to the 2010 Employee Stock Option Plan. Option shall vest 7/48 one month after the date of grant and 1/48th each month thereafter.

## David J Rosa

\*\* Signature of Reporting Person Date

08/17/2018

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.