FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

OMB APPROVAL									
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     LOEB GARY						2. Issuer Name and Ticker or Trading Symbol INTUITIVE SURGICAL INC [ ISRG ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director					
(Last) (First) (Middle) 1020 KIFER ROAD						3. Date of Earliest Transaction (Month/Day/Year) 10/10/2024								<b>V</b>	Officer below)		Other (specify below)		
(Street) SUNNYVALE CA 94086  (City) (State) (Zip)							4. If Amendment, Date of Original Filed (Month/Day/Year)  ative Securities Acquired, Disposed of, or Benefic								Individual or Joint/Group Filing (Check Applicable ne)  Form filed by One Reporting Person Form filed by More than One Reporting Person				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Da					ction	ction 2A. Deemed Execution Date,			3. Transa Code (I	tion	4. Securities Acquired (A) of Disposed Of (D) (Instr. 3, 4			or 5. Amou and 5) Securiti Benefic		int of es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Ownership	
									Code	v	Amount	(A) or (D)	Price	Trai		d tion(s) and 4)		(Instr. 4)	
Common Stock 10/10/2							2024		M <sup>(1)</sup>		2,613	A	\$0	.0	4,	208	D		
Common Stock 10/10/2						2024		F <sup>(1)</sup>		1,178	D	\$490	).38	3,	030	D			
		Т	Table II -									, or Ben ble secu			wned				
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deem Execution if any (Month/D	n Date,	4. Transacti Code (Ins		5. Number of		6. Date Exercisal Expiration Date (Month/Day/Year		)	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		De Se (In	Price of erivative ecurity estr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	Owners Form: Direct (I or Indirect) (I) (Insti	Beneficial Ownershi ect (Instr. 4)	
					Code	v	(A)		Date Exercisat		Expiration Date	Title	Amoun or Numbe of Shares	r					
Restricted Stock Units	\$0.0	10/10/2024			M			2,613	(2)		.0/10/2026	Common Stock	0		\$0.0	5,224	D		

## **Explanation of Responses:**

1. RSUs vest 25% per year over a four year period, commencing on the first anniversary of the grant date. RSUs convert into common stock on the vest date on a one-for-one basis. 25 % of the shares have been released and a portion of the shares were held back to cover the statutory tax withholding requirements. The net shares were deposited into the holders account.

2. Each Restricted Stock Unit, granted pursuant to the 2010 Employee Stock Option Plan, represents a contingent right to receive one share of Intuitive Surgical common stock. The grant vests 25% on the first anniversary of the date of grant and annually thereafter, over a four year period of time.

By: Stephanie Lim-Ignacio For: Loeb, Gary Howard

10/10/2024

\*\* Signature of Reporting Person

Date

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.