FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, [D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPRO	VAL
OMB Number:	3235-0287
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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).

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

1. Name and Address of Reporting Person* MELTZER MARK J						2. Issuer Name and Ticker or Trading Symbol INTUITIVE SURGICAL INC [ISRG]									heck all a	all applicable) Director		g Person(s) to Issuer 10% Owner Other (specify	
(Last) (First) (Middle) 950 KIFER ROAD						3. Date of Earliest Transaction (Month/Day/Year) 02/17/2011										Officer (give title below) SVP & Gen		below)	
(Street) SUNNYV (City)	JNNYVALE CA 94086						4. If Amendment, Date of Original Filed (Month/Day/Year)								ne) X Fo	ual or Joint/Group Filing (Check Applicable Form filed by One Reporting Person Form filed by More than One Reporting Person			
		Tabl	e I - Non	-Deriv	ative	Sec	curitie	s Ac	quired	, Dis	posed o	f, or l	Bene	ficia	lly Ow	ned			
1. Title of Security (Instr. 3) 2. Transa Date (Month/Date)						Execution Date,			Code (Instr.						nd Sec Ben Owi	mount of urities eficially led Following orted	Form (D) o	wnership n: Direct or Indirect nstr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)
									Code	v	Amount	(A	() or ()	Price	Trai	saction(s) r. 3 and 4)			(,
Common Stock 02/17					/2011		G		5	D		\$()	351		D			
		Та	ble II - D (e								sed of, onvertib				/ Owne	d			
1. Title of Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, ecurity or Exercise (Month/Day/Year) if any			Date,	4. Transaction Code (Instr. 8)		of		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title Amou Secur Under Deriva Secur and 4)	nt of ities lying itive ity (Ins		8. Price of Derivative Security (Instr. 5)		Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Ownership Form: Direct (D) or Indirect	11. Nature of Indirect Beneficial Ownership (Instr. 4)
					Code	v	(A)	(D)	Date Exercis		Expiration Date	Title	Amo or Num of Shar	ber					

Explanation of Responses:

/s/ Mark Meltzer

02/18/2011

** 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.