| SEC Form 4 |
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FORM 4

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

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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

OMB APPROVAL

| OMB Number: | 3235-0287 | | | | | | | | |
|--------------------------|-----------|--|--|--|--|--|--|--|--|
| Estimated average burden | | | | | | | | | |
| hours per response: | 0.5 | | | | | | | | |

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 [*] Andersen Reiter Kara | | | 2. Issuer Name and Ticker or Trading Symbol <u>INTUITIVE SURGICAL INC</u> [ISRG] | (Check | tionship of Reporting Pe all applicable) Director | 10% Owner |
|--|----------------|----------|--|--------|---|---|
| (Last) 1020 KIFER RC | (First))AD | (Middle) | 3. Date of Earliest Transaction (Month/Day/Year) 08/26/2021 | | Officer (give title below) Sr VP General Cou | Other (specify below) Insel & CCO |
| (Street) | | | 4. If Amendment, Date of Original Filed (Month/Day/Year) | Line) | /idual or Joint/Group Fili | |
| SUNNYVALE | CA | 94086 | | X | Form filed by One Re | 5 |
| (City) | (State) | (Zip) | erivative Securities Acquired, Disposed of, or Ben | | Person | |

| | | | | | | | - | | | |
|---------------------------------|--|---|------------------------------|---|------------------------------------|---------------|-------|------------------------------------|---|---|
| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transa Code (8) | | 4. Securities Disposed Of 5) | | | Securities | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (1150.4) |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

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|---|---|--|---|------------------------------|------|---|---------------------------|-------------------------------------|--------------------|-----------------|--|---|--|--|---------------------------------------|
| 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. Transa Code (8) | | of Deriv Secu Acqu (A) o Dispe of (D) | r osed) 7. 3, 4 | Expiration Date (Month/Day/Year) | | e Amount of | | 8. Price of Derivative Security (Instr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | Beneficial Ownership (Instr. 4) |
| | | | | Code | v | (A) | (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | | |
| Non- Qualified Stock Option (right to buy) | \$1,042.25 | 08/26/2021 | | A | | 978 | | (1) | 08/26/2031 | Common Stock | 978 | \$0.0 | 978 | D | |

Explanation of Responses:

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

| <u>By: Donna Spinola For: Kara</u> <u>Andersen Reiter</u> | <u>08/27/2021</u> |
|--|-------------------|
| ** 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.